STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

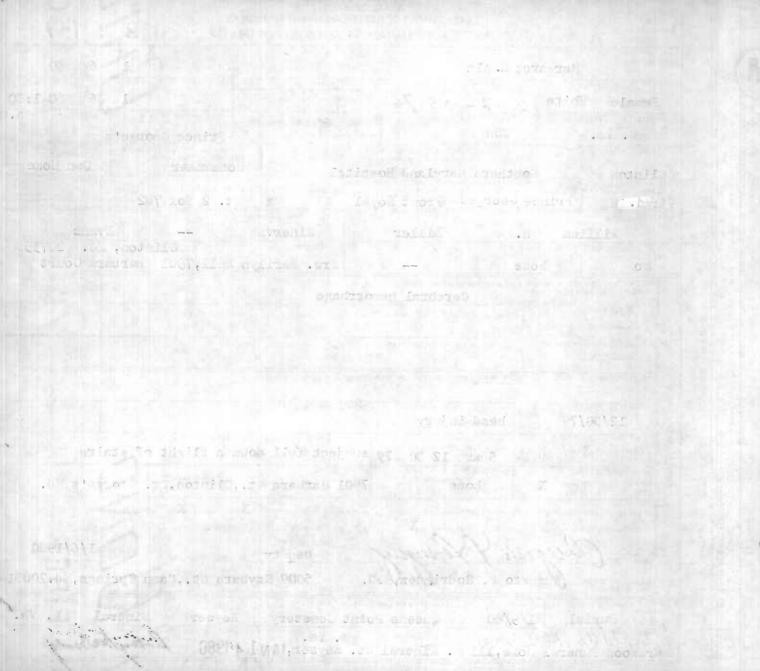
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30	-		1.	FOR STATE	DEPA	RTMENT OF	IE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENES O	0 2	-2	16	
			1 00	REGISTRAR CEASED NAME (#81	MIDDLE	CERTI	LAST	REG. N				_
	v be		(TYPE	CEASED NAME FIRST OR PRINT) RUTH	BERRY	ADAN		and the second second	01 28	80	5:56 A	M
	4 ma		3 SE	× FEMALE	4 RACE	MONT	OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN	_
	Page ireca	000			WHITE		18,1908	71	YRS.			
	eral di 72 hou	E C 1	/a. b	RTHPLACE (STATE OR FOREIGN OUNTRY) OHTO	U.S. A.	MARRII WIDOW	D NEVER MARRIED DIVORCED	PRINCE GE	2		·	
	the fun	200		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	SING HOME		12e USUAL OCCUPAT	ION	125. KIND	OF BUSINESS OR	
201	by by	14		CHEVERLY	PRINCE GEORGE	'S GENE		HOUSEWIF		INDUSTRY		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MEDICAL EXAMINER NOTIFIED	in 24 ho filled in ald be fil	E ZF	130 M	AL RESIDENCE (IF NURSING HOME OF ARY LAND PRI.	ROTHER INSTITUTION, GIVE RESIDENCE BY NTY 13c. CITY OR T ADELPH	efore admission OWN T	130. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2600 COOL	CDDTNI	2 PAAT)	
¥,	with tely shou	ex a	14. F/	THER'S NAME		7 7 9 9 7	15 MOTHER'S MAIDEN NA	ME	21 17 14	7		
MAR	omple and 2	600		HERSCHEL	MIDDLE LAST BERRY		FIRST	WIDDIE		GI	RCON	
D D	exec	a l		VAS DECEASED EVER IN U.S. AR		ECURITY NO	17 INFORMANT FRI	END ADDR	ESS 25		L SPRING	G R
TIMON	P P	t, the		NO	577-	26-5426	SALLY MAGNA	N		FIPHT	MD 2075	£3
N ST., BALTIN		even		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b)	, and (c'.)	2			BETWEEN	MATE INTERVAL ONSET AND DEATH	_
ST.,	ng ph on pa r rem	umatic			TE CAUSE (o)	CINON	MA OF WV	SEVEL		1 (zelis	2
NOT ~	endii carb on, o	traur		1/47	DUE TO, OR AS A CONSE	QUENCE OF						
SE I	the att	other		Canditians, if any, which gave rise to immediate	(b)							-
× W	by 1 by 1 ce re	Ď		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF						
S. 201 W. PRESTO	quire gned pleas buria	njury.		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	(a)	=
ORDS	een si Then	any	OF									
RECOR [CAL	The law has bee ermit. The	swows 9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		ING CAUSE	S OF DEATH?	
MEDI	AN: ian. icate sit pe fygie		ERTI	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES		№ □	_
N Z	NG PHYSICIAN: Th inding physician. fler this certificate ha he burial-transit perm and Mental Hygiene	9 grant 18		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR				,		
NO O	G PHY ding ph ding ph er this burial	Da O	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO		COUNTY	STATE	_
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	Pital pital for t	II item 21			it) view the body after death.	9 <u>80</u> ,	ind that in (my) (aur) apinian	death accurred on the d	ate and hour o			_
	AL DIRECT tached for te Dept. of	=		The SIGNATURE	1/2		DEGREE ATTENDING	_ MEDICAL STA	FF	22c. DATI	E SIGNED	
	oy the	2		224 PHYSICIAN'S NAME (TYPE O	0/ 2m		PHYSICIAN TO	DIRECTOR PHYSIC		11/20	7/79	_
		- J		KIRKLAWD	a. Brace		1600 CA	RROLL AVE.	TAK	MA F	bns Moza	DIS
5	Sp. C. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp	2	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	30 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	c	OUNTY	STATE	
)	BP			BURIAL	1/31/80	GATE (F HEAVEN	SILVER SP		MON		<i>y</i> .
	DHMH-16 2		24. F	UNERAL DIRECTOR FRANCI	S J. COLLINSORESS		FFF	REC'D. BY REGISTRAR	ZSb. REGISTRA	AR'S SIGNA	TURE	
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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	0 0	0 2	2 1	8
dor, page 3 s after death	(TYP)	CEASED NAME FIRST	DAY (N	MIDDLE	AUD	ÎA	2a DATE OF DE	N 24	1980	26. HOU
rs ofter	3. SE	MALE	Whit	e	July	The state of the s	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER
n 72 hours of ance.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
by the fune filed within	10. €	attsville	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR Mason Co	UPATION MOST OF WORKING L		
filled in ould be	13a.			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hyattsvi	N	13d INSIDE CITY LIMITS? YES NO []		efferso	n Stree	t
ond 2 sh		ATHER'S NAME FIRST 'incent	MIDDLE	Audia		Catherine	MI	DDLE	DeVon	
Poges 1	1	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	166 SOCIAL SECU 578-46-3		17 INFORMANT William V. A		oodbine		Road
by the ottending physicio ose remove corbon popers I, cremation, or removol. other troumatic event, the		18. CAUSE OF DEATH lEnter PART I. DEATH WAS COMMED IMMED Conditions, if only, which gove rise to immediate couse (a), stoling the underlying couse lost	DIATE CAUSE (0)	CONGE	NCE DE	HEART A	PAILURE Least De	sense		ONTH
nos been signed permit Then ple ne prior to burio ws ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICAN Chronic 190 DATE OF OPERATION	plenitis	pleur	de	NOT BELATED TO THE TERM	TO THE TERMINAL DISEASE OR	20h IF YE IN CERT	IVEN IN PART 1:	NGS USE
HIS CA	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING. DR CONTRIBUTING C CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMP). 21d. INJURY OCCURRED.	DEATH HOUR A.	M. MONTH DA	AY YEAR	211 LOCATION	ERED (ENTER HATURE)	JE POJUST PO TEM 18.	PART 1 ION PART 2)	
After this ceres as the burio	MED	WHILE ALWORN OCCORNED	He PLACE (WEET, PACTORY, OFFICE, F	ARM.ETC.I	STREET	1	OR TOWN	COUNTY	SI
for us of He		27s I certify that (I) (the no saw the deceased alive above, (I) (as) (did) (did		e deceased from	n.ol	nd that in (my) less opinion	to Jan	27 the date and ha	or and from the	that (I)
TO FUNERAL DIRECTION Should be detached with the State Dept.		THE HYSICIAN'S NAME (14	lenna	1.	n.D.	DEGREE ATTENDING PHYSICIAN 77# ADDRESS	DIRECTOR D	STAFF HYSICIAN []	Jan 2	4,192
should b with the	22-	John F. Bre			LAME OF C	3415 Ha	123d LOCATIO	St, Hy	attor	11/2
	230	BURIAL, CREMATION, REMOV SPEC#Y) Burial	236 DATE 1-26-8			Heaven Cem.	CITY OR TOV	Spring	Montgo	mery
16 50M 1/76 A 15 (4))	24 F	UNERAL DIRECTOR NAME Gasch's Sons	F.H. P.A	. Hyatts	ville	1.10	N 2 8 198	TRAR 256 BUSIS		TURE

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

TO HOSPITAL ON ATTENDING PHYSICIAN OF retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

the funaral di within 72 hp

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR						
	CEASED NAME FIRST	MIDDLE	LAST	REG. N		AY YEAR	2h HOUR
{TYPE	Russell	E	BALDWIN	Januar	v 1	1980	1:15
3 SE	X	T4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	-	F UNDER 1 YEAR	IF UNDER 24
	Male	White	July 10, 1909	70	YRS.	ONTHS DAYS	HOURS
7a. B1	IRTHPLACE (STATE OR FOREIGN OUNTRACT)	15 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince	Geor		
	Riverdale	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) A1 Hospital	126. USUAL OCCUPAT (TYPE OF WORK ED! MOST C STATIONE			J. OF
13e. S	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13. STREET ADDRESS 5018 Roas	noke Pl	lace	
14. F/	ATHER'S NAME FIRST Francis P	Baldwin LAST	15 MOTHER'S MAIDEN NA FIRST Elsie D.	MIDDLE		LAS	ST
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN! (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 21.8 03 3		in, Savage,		and	
						APPROX	MATE INTERVA
	18 CAUSE OF DEATH (Enter of	only one cause per line far (a), (b), an	nd (c). (BETWEEN	ONSET AND DE
		ATE CAUSE (0) Cardioge	enic shock			One	hour
		DUE TO, OR AS A CONSEQUE	enic shock ENCE OF Ocardial infarcti			BETWEEN	hour day
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE Generali	enic shock ENCE OF Ocardial infarcti	is	DITION GIVE	One One Unknown	hour day
NOI	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO	enic shock ENCE OF OCARDIAL infarcti ENCE OF .Zed arterioscleros DEATH BUT NOT RELATED TO THE TERA	is MINAL DISEASE OR CON	DITION GIVE	One One Unknown	hour day
IFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (a) DUE TO, OR AS A CONSEQUE (b) Acute my Generali CONDITIONS CONTRIBUTING TO Diabetes me1	enic shock ENCE OF Cocardial infarcti ENCE OF EXCE OF Zed arterioscleros	is MINAL DISEASE OR CON nfarct. 200 AUTOPSY?	206. IF YES, IN CERTIFY	One Unknown IN PART 10 WERE FINDING CAUSES	hour day oun or of DEATH:
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) Acute my DUE TO, OR AS A CONSEOU (c) Generali CONDITIONS CONTRIBUTING TO Diabetes mel 196 CONDITION FOR WHICH	enic shock ENCE OF COCARDIAL infarcti ENCE OF .Zed arterioscleros DEATH BUT NOT RELATED TO THE TERM Litus. Cerebral i	is MINAL DISEASE OR CON nfarct. 180 AUTOPSY? YES \(\) NO \(\)	20b. IF YES, IN CERTIFY YES	One Unkne	hour day own
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	DUE TO, OR AS A CONSEOU (b) Acute my DUE TO, OR AS A CONSEOU (c) Generali CONDITIONS CONTRIBUTING TO Diabetes mel 196 CONDITION FOR WHICH 216 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,	enic shock ENCE OF Ocardial infarcti ENCE OF .Zed arterioscleros DEATH BUT NOT RELATED TO THE TERM .Iitus. Cerebral i H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET	is MINAL DISEASE OR CON nfarct. 180 AUTOPSY? YES \(\) NO \(\)	206. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	One Unkne	hour day OWN O' NGS USED OF DEATH!
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT IPO DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE ATWORK ATWORK 22a.I certify that (I) (this has) sow the deceased alive of	DUE TO, OR AS A CONSEOU (b) Acute my DUE TO, OR AS A CONSEOU (c) Generali CONDITIONS CONTRIBUTING TO Diabetes mel 196 CONDITION FOR WHICH 216 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, pitol) oftended the deceased from-	enic shock ENCE OF Ocardial infarcti ENCE OF .Zed arterioscleros DEATH BUT NOT RELATED TO THE TERM .Iitus. Cerebral i H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET	is nfarct. 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TOW	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	One Unknown in Part 10 WERE FINDII ING CAUSES COUNTY 980	hour hour day OWN OF DEATH: NO STATE
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT IPO DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE ATWORK ATWORK 22a.I certify that (I) (this has) sow the deceased alive of	DUE TO, OR AS A CONSEQUE (b) Acute my DUE TO, OR AS A CONSEQUE (c) Generali CONDITIONS CONTRIBUTING TO Diabetes mel 196 CONDITION FOR WHICH HOUR A.M. MONTH DEATH HOUR A.M. MONTH DEATH HOME, STREET, FACTORY, OFFICE, in 1 January 19 List) view the body offer death.	enic shock ENCE OF Cocardial infarcti ENCE OF .zed arterioscleros DEATH BUT NOT RELATED TO THE TERM .litus. Cerebral i OPERATION WAS PERFORMED AY YEAR 19 FARM, ETC) 211 LOCATION STREET 18 Uctober 19 73 80 ond that in (my) (our) opinion DEGREE	is nfarct. 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TOW	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR WN ary of e ond hour of	One Unkne Unkne WERE FINDII ING CAUSES COUNTY 980 ond from the	hour hour day oun out NGS USED OF DEATH! NO []
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse to:, stating the underlying couse lost PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (FETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this host sow the deceased alive a obove. (1) (we) (did) (did)	DUE TO, OR AS A CONSEQUE (b) Acute my DUE TO, OR AS A CONSEQUE (c) Generali CONDITIONS CONTRIBUTING TO Diabetes mel 196 CONDITION FOR WHICH P.M. 216 PLACE OF INJURY INTOME, STREET, FACTORY, OFFICE, in 1 January 19 into view the body ofter death.	enic shock ENCE OF Ocardial infarcti ENCE OF I coardial infarcti ENCE O	IS MINAL DISEASE OR CON .nfarct. 200 AUTOPSY? YES NOW CITY OR TOW to Janua deoth occurred on the d	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR WN ary of e ond hour of	One Unkne Unkne WERE FINDII ING CAUSES COUNTY 980 ond from the	hour hour day OWN OF DEATH: NO STATE that (I) (we couses state

DHMH-16 25M (VRA 15, 4) 1/79 NAME

24. FUNERAL DIRECTOR

PERSON

250. DATE REC'D BY REGISTRAR 25 REGISTRAR SIGNATURE

ale July 10, 1909

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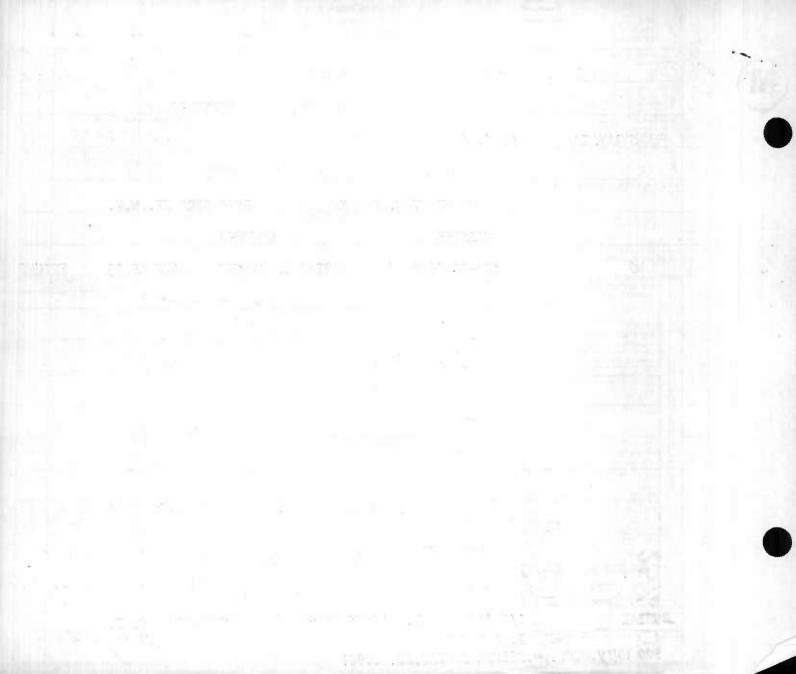
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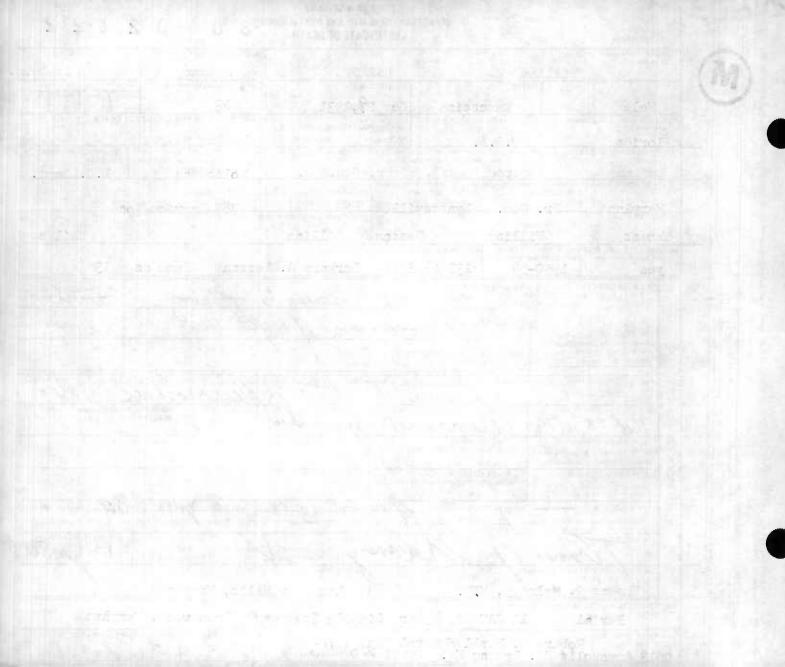
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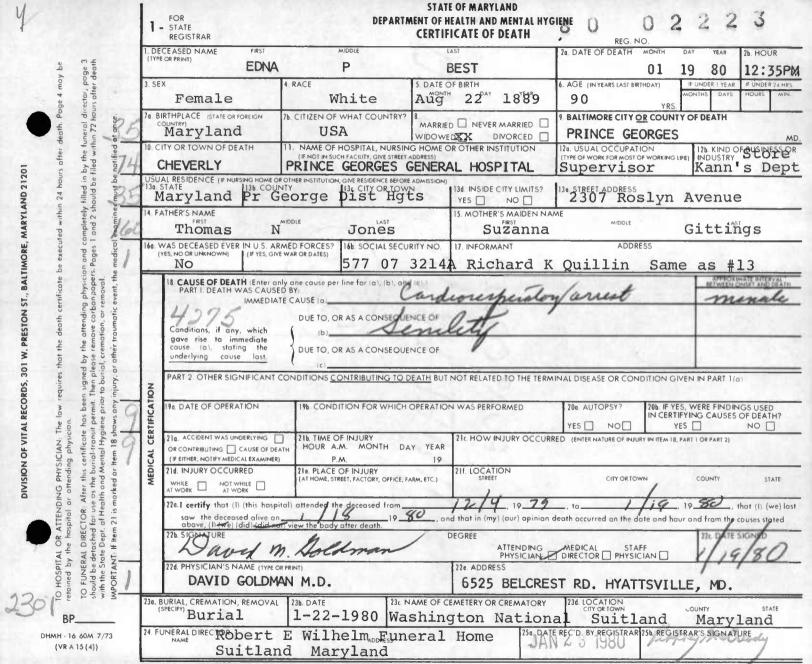
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		J .		STATE OF MARYLAND			
2	L	FOR STATE REGISTRAR		SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		2
g		CEASED NAME FIRST POST E	MARIE	BECKER	2e DATE OF DEATH	B-PD YEAR	10 A M
	3 SE	FEMALE	CAUCASIAN	5. DATE OF BIRTH MONTH DAY SEAR 1. 16 - 8 6	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
75	ř	ENNSYLVANIA	U. S. A.	MARRIED NEVER MARRIED WIDOWED MORCED	PRINCE	GEORGE	5 MD
75	1	LINTON	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION LODGESS) LTAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NONE		OF BUSINESS OR
17 / 7	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOWI WASHINGT	N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 5543 33RD	ST.N.W.	
2/	14. F	ATHER'S NAME FIRST A	KESSLER	15 MOTHER'S MAIDEN NAV			AST
o Bedico		NAS DECEASED EVER IN U.S. ARI YES, NO ORUNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECUI WAR OR OATES) 218-56-3405		CANNEY SA	AME AS 13	FRIEM
or other mountains event, the		PART I. DEATH WAS CAUSE IMMEDIAT 4 2 7 5 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	D BY: E CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	lust Vil	toy ar	ent.	
ony injury, o	ATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	
2	CERTIFICATION				YES NOTE	IN CERTIFYING CAUSE YES	NO _
9	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
Days of or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	arm, etc.) 21f. LOCATION STREET	CITY OR TOWN	d COUNTY	STATE
Hem & 1 15		22a I certify that (I) (this hospit saw the deceased alive on, above, (I) (we) (did) (did not 22b. SIGNATURE		, and that in (my) (our) opinion of	death occurred on the dat		e, that (I) (we) last ne couses stated TE SIGNED
*	$\left\{ \right.$	224 PHYSICIAN'S NAME (TYPE OF	RPRINTI	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF		13/80
MPORTAN	23a	CIRO D. M.	1236 DATE 1236 N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	. Rd her	show. W
-	B	ÜRTAL	1/16/80 MT	. OLIVET CEMETERY	WASHINGTOWN WASHINGTO		STATE
0M 7/78		UNERAL DIRECTOR FRANCI 500 UMIV. BLVD.	S J. COLLINSORESS W.SILVER SPRING		AN 1 6 1980	The state of the	Cresto
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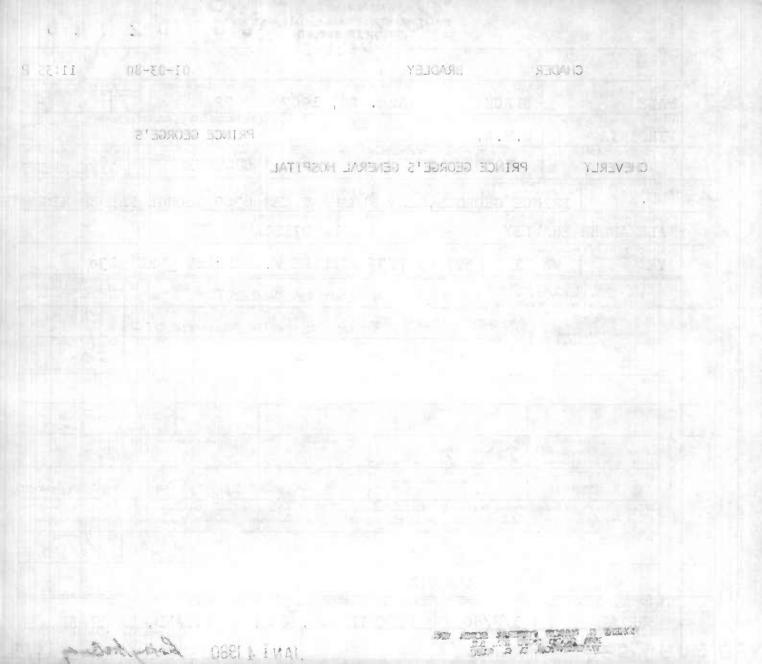
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2e. DATE OF DEATH MONTH 26 HOUR I TYPE OR PRINTS CHADER BRADI FY 01-03-80 11:35 3 SEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 20" 1907 HOURS Aug. MATE BLACK TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED THEYER MARRIED VIRGINIA U.S.A. PRINCE GEORGE'S WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17e USUAL OCCUPATION 12h, KIND OF BUSINESS OR PRINCE 'AGEORGE'S" GENERAL HOSPITAL INDUSTRY CHEVERLY GIVERNMENT USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DRGES . SEAT TEAS AND DYES 6309 GEORGE PALMER HIGHWAY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALEXANDER BRADTEY LAST ADA GILLIAM LAST IN WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT TARE NO OU NHKHOMH) (IF YES, GIVE WAR OR DATES) W. BRADLEY SEE #13e ISOLINE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY ARDIO-RESPIRATORY ARREST 1135 AM IMMEDIATE CAUSE (a) SEVERE METABOLIC ACIDOSIS, POSSIBLE DIC Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PSIS, CVA 5AM underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F YES | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR ALM MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR Mental (3) P.M 1980 (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE HOME GGO. PALMER HIGHWAY AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 80 saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED TO FUNERAL E MEDICAL ORTANT PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS PARKHURSTMD 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION I SPECIFY! STATE BURTA LINCOLN MARYLAND 74 FUNERAL CHREA PUNERAL SIGNOR, INC. 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE DHMH-16 25M FOPE RD. 3.E. (VRA 15, 4) 1/79 JAN 1 4 1980



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF INTATH REGISTRAR DECEASED NAME B DATE KNOWN (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE RONOUNCED NEVER MARRIED SCOTLAND U.S.A WIDOWED TRANSIT AUTHORITY CLERK 13d INSIDE CITY LIMITS? 13e STREET ADDRESS COLLEGE PARK 9519 51ST AVENUE 15. MOTHER'S MAIDEN NAME MIDDLE BRADY GEORGINIA ROWELL 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 051-03-7728 NO THOMAS 18 CAUSE OF DEATH (Enter only one cause per Ine for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. inditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 🗌 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection Hamicide Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) 1-13-80 Deputy PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct., Camp Springs, Md. 20031 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL LONG ISLAND, N.Y. ST. CHARLES CEMETERY SUFFOCK 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR **DHMH-17** 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5)) 15M 7/76

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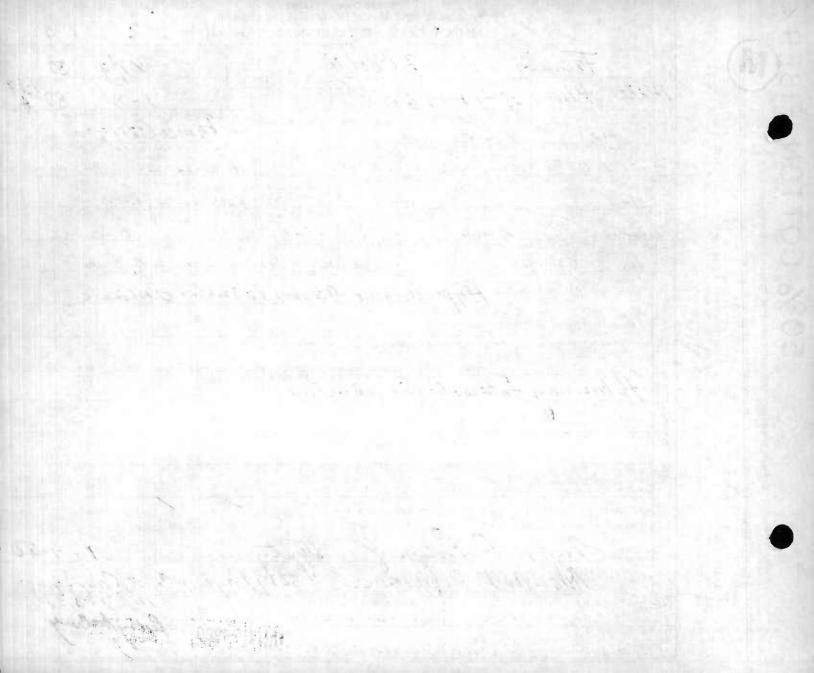
FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I. DECEASED NAME e DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-BERTHA BRETVOGEL M. DEATH MATED 4 RACE SEX_ 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2€. DATE LAST BIRTHDAY) PRONOUNCED 88 91 WHITE FEMALE DEAD Ja. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY GEORGE 'S U.S.A. MARYLAND WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12e. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY HYATTSVILLE SACRED HEART HOME STENOGRAPHER U.S.GOVT MARY LAND COUNTY 13d. INSUDE CITY LIMITS? 624 Allendale St. BALTIMORE 21229 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE OF, VIT LAST MIDDLE BARBARA DOLLINGER JACOB **BREIVOGEL** ANNA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT DIVISION 4610 DONCASTER DR. 21043 PAGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BLANCHE A. DOYLE 212-07-1115 NO 18 CAUSE OF DEATH (Enter only one cause per la for (a), (b), and (c).) APPROXIMATE INTERVAL Fie Cardes Vasaules discu PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 20 AUTOPSY? 0 YES [NO [EXTERNAL CAUSE WAS 3 SHL DEPART CONTRIBUTING CAUSE OF DEATH 21f LOCATION AT WORK NOT WHILE 22a. I certify that I toak charge of the remains described above, held an Autapsy DIRECTOR Inspection death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO P. Rodriguez M. D. ADDRESS 5009 Rayburn Ct., Camp Springs .Md.200 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY MD. BALTIMORE BURIAL 2/1/80 LOUDON PARK CEMETERY 24. FUNERAL DIRECTOR 25g, DATE REC'D BY REGISTRAR 256. REGISTRAR'S S GNARURE DHMH - 17 (VR A15 ME (5)) HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229 1980 15M 7/77

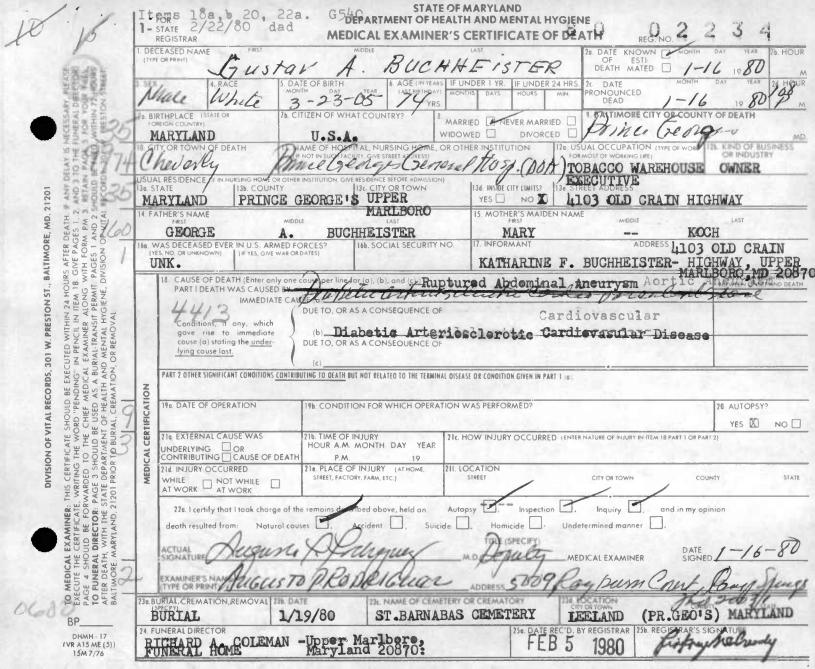
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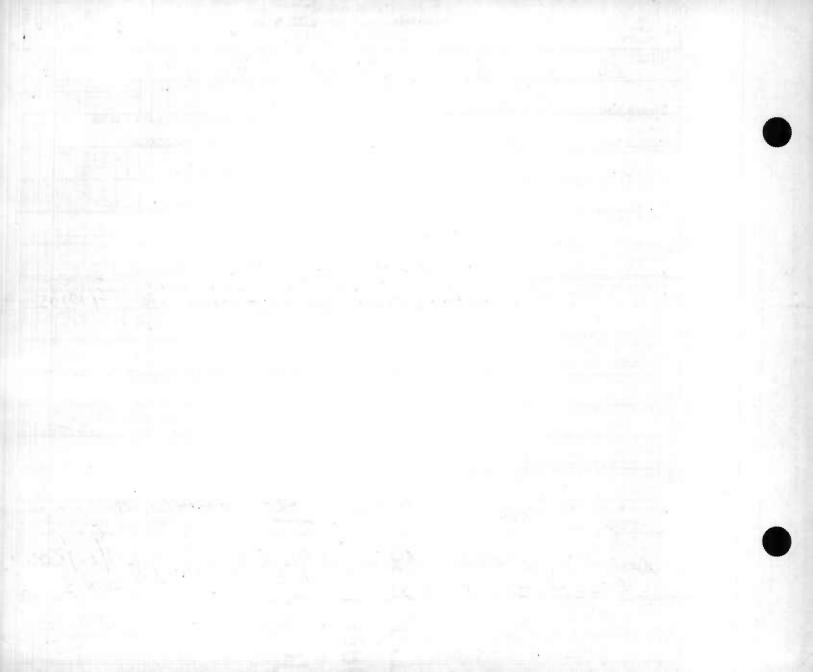
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. Ifter this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	WEI	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	N COUNT	Y STATE
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E 0 F 2 0 C		sow the deceased alive on above (1) (we) (aid) (did no	ti view the body	ofter death.	, one	d that in (my) (our) opinion o	death occurred on the do	te and hour and from	n the couses stated
OR A DIREC DIREC Dept.		274/5 GNATURE	11		D	EGREE			DATE SIGNED
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Z 6 E 2 3 ₹	23a. E	BURIAL, CREMATION REMOVAL	23h 16TE	ALA 23LN	IAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1400 BP	I	Burial	1/5/8	9// M	laryl-	Mationa		Laurel, M	
DHMH-16 50M 7/77		UNERAL DIRECTOR	W!/.)	ADDRESS	ari	· ·	REC'D BY REGISTRAR 2	Sh. REGISTRAP'S SIC	SNATURE BANK
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1.			ns 21c.	Film#G	5 DEPARTMEN	STATE OF A	MARYLAND I AND MENTAL	HYGIENE			10.7	~
	1-	STATE 2-	7-80 al	N	EDICAL EX	AMINER'S	CERTIFICATE	OF DEATH	REG. N	0 2	2 3	3
		CEASED NAMI	FIRST		WIDDLE	50 2010	LAST -	20.	DATE KNOWN		DAY YEAR	2b. HOUR
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D. 212 H. IF A 1. 3. R 2. SHO 2. SHO	14. FA	THER'S NAME			Trores	PCATTIE	YES NO [IDEN NAME	Lorri	ng Dr	ive, #	103
M FE SA DENTO		Willi.		MIDDLE	LAST		May	, and the same	MIDDLE V.		LAST	
	16a. V		EVER IN U.S. AR	MED FORCES?	16b. SOCIÁL	ECURITY NO.	17. INFORMANT H	lusband	ADDRES	SS	ье	eds
	(1)	No	(IF TES, GIVE	WAR OR DATES)	579-66	5-2188	Gary Le			Same	as Ab	ove
., BALTI.		18 CAUSE O	F DEATH (Enter on		line for (a), (b), and						APPROXIMAT BETWEEN ONSE	IE INTERVAL
ENE HENE	100	GAA	ATH WAS CAUSED	TE CAUSE (o)			l and skel	letal ir	juries			
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S, 36 XECL S" IN AND AND		PART 2 DITHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH DUT NOT DELATED TO	THE TERMINAL DISEAS	E DIE CONDITION GIVEN IN	PART 1 (a)				
DIVISION OF VITAL RECORDS, 3 S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" II RDED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BUR E OFFDARTIMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION,	Z					THE PERMITTE GISERS	C OR CONOTTION OFFER IN	PART (U).				
ALREC HOULD WSED / WSED / USED / USED / USED /	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CON	IDITION FOR WHIC	H OPERATION W	AS PERFORMED?			-	20. AUTOPSY	?
SHOU ORD "CHIELE OF HEIL, C	TE										YES 🔀	NO 🗌
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ION THE CONTRACTOR	ICAL	CONTRIBUTION	NG CAUSE OF	DEATH 4:30	xxx. 1	5 19 80 H	ccupant - c	of auto/	van impa	ict		
OVISION CER. TING DED DEP PRIO	MED	21d INJURY C			E OF INJURY (AT FACTORY, FARM, ETC.)		CATION		Y OR TOWN	cou		STATE
PIVISIO R; THIS CERTIF TE, WRITING T ORWARDED TO S: PAGE 3 SHG S: STATE DEPAR 21201 PRIOR 1	M.	AT WORK	AT WORK	×	street	I [495	near Rt.	. 202, I	andover,	Princ	ce Geor	ge's, Md
MINER; IFICATE CTOR: H THE S AAND		22a. I certi	y that I took charg	e of the remains	described obove, h	eld on Autop	sy X, Inspect	tion . I	nquiry , o	ond in my opi	inion	
EXAMINER CERTIFICAT DIRECTOR WITH THE		death result	ed from: Natur	ol couses :;	Accident X	, Suicide	, Homicide	Undetermi	ned manner	,		
EXAM CERTI DUID B DIREC , WITH		ACTUAL	11.5	40	Da. 01		TITLE (SPECIFY) Assistar	. 4.		DATE	1/7/8	90
ICAL EXTHE CITY OF SHOULD SHOU		SIGNATURE	- Ungin	ia ~~	outer ()	M	.D.ASSISCAI	MEDICA	LEXAMINER	SIGNE	1///	30
TIME DATE	-	EXAMINER'S (TYPE OR PRIN	NAME Vi	rginia L	. Dolan,	M.D.	ADDRESS		111 Pen	n Str	eet	
CEXECUTE THE CE PAGE 4 SHOUL OF ENERAL DI AFTER BEATH MEATIMORE, MAR	23a.Bl		ION, REMOVAL 2	3b. DATE	23c. NAME	OF CEMETERY O		23d. LOCA	TION	270	re i	rati
BP	12	Buria		1-9-80		. Natl.	Cemeter	ry Su	itland.	P.G	. Md	
DHMH - 17	24. FU	NERAL DIRECT	Robt I	ADDR	(£22		land 250 DAT	E REC'D. BY RE	DISTRAR DE REC	SISTRAP'S S	GNATURE	
(VR A15 ME (5)) 15M 7/76	F	unera	1 Home	Rd.	Suitla	and, Md	. JANI	4 1980	make	Joseph	week	

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6	1	FOR - STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	0 0		0 2	2	3 9
be be	(TY	PE OR PRINTI) EVEL		/	MIDDLE .	0	AREY		JAN.	11+1	198	0	26. HOUR 9 M
may may	3 S	Female	4 RA	ce hite		S. DATE C. MONTH		1910	6 AGE (IN YEARS L		MONTHS	OAYS	HOURS MIN
s after death. Pag yy the funeral duralled within 72 hou natified at once.	7a.	BIRTHPLACE (STATE OR FORE) COUNTRY) I TO IN IA CHI-OR TOWN OF DEATH	GN 76. CI	USA NAME OF P	WHAT COUNTY	TRY? 6 MARRIEL WIDOWE ORSING HOME O	R OTHER INSTIT	ARRIED ORCED TUTION	Prince Prince 12e USUALOCC INTE OF WORKFOR. HOUSE	Geo1	rge		MD F BUSINESS OR
24 hour	USI 13a M		COUNTY GEO	INSTITUTION	GIVE RESIDENCE IN 136. CITY OR Marlo	W Hgts	13d. INSIDE CITYES TO MOTHER'S A	Y LIMITS?	130 STREET ADDI 4639 D	alla:	s Pla		
completely for a long 2 sho	1/4	WAS DECEASED EVER IN	MIDDLE		lilste	ad SECURITY NO.	Li.	l'lian		ADDRESS	J	enki	ns
n and medic	100		YES, GIVE WAR C				Edwar			Same	as #	13	
requires that the death certificate be signed by the attending physicia. Then please remove carbon papers or to burial, cremation, ar removal injury, or other traumatic event, the	NO	Canditions, if any, w gave rise to immed cause 101, stating	CAUSED BY: MEDIATE CAI hich liate the last	USE (a) ADUE TO, OI	R AS A CONSI	EQUENCE OF	na Unca	TRAIN	PRIMA	2Y.S(TE	41	MOSE INTERVAL NOSE AND DEATH
a de la Company	CERTIFICATION	19a DATE OF OPERATIO	N I	9b. CONDI	ITION FOR WI	HICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY	IN	IF YES, WER CERTIFYING YES [E FINDING CAUSES (GS USED OF DEATH? NO
PHYSICIAN ending physic this certificate burial-traind Mental Hydron dor them 18	MEDICAL CE	216 ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (# EITHER, NOTIFY MEDICAL ESTABLE OF THE PROPERTY	SE OF DEATH (AMINER)	P.A	M. MONTH	19	211 LOCATION STREET		ED (ENTER MATURE C	OF INJURY IN IT		PART 2)	STATE
hospital iRECTOR hed for u ept of He	1	22a.1 certify that (I) (the saw the deceased a above (#) (we) (dea)	alive an (did not) view	NUAL)	e deceased from	19 <u>80</u> , on	d that in (my) (a		, toAAA	the date an			
TO HOSPITAL OF HOSPITAL OF FUNERAL D should be detact with the State D IMPORTANT: #	,	AMES AMES	At	ROU	we. N	is)	220 ADDRESS	6525 HYA	BELCI TSVILL	CEST E WA	PD 2	1/12	180
80BP		BURIAL CREMATION, REA (SPECIFY) Burial	1	-15-	80	231 NAME OF CE Cedar I	Hill Ce		23d LOCATION CITY OR TOW Sui	tland	d count	Mary	land
DHMH-16 20M (VRA 15, 4) 7/78	24	FUNERAL DIREC Robe NAME Suit	rt E land	Wilh Mary	elmook	uneral	Home	25a DATE	REC'D. BY REGIS	TRAR 256. R	EGISTRAR'S		Creody



BENNSYTVANTA

FOR

(VRA 15 (4))

ALEXANDER S. POPE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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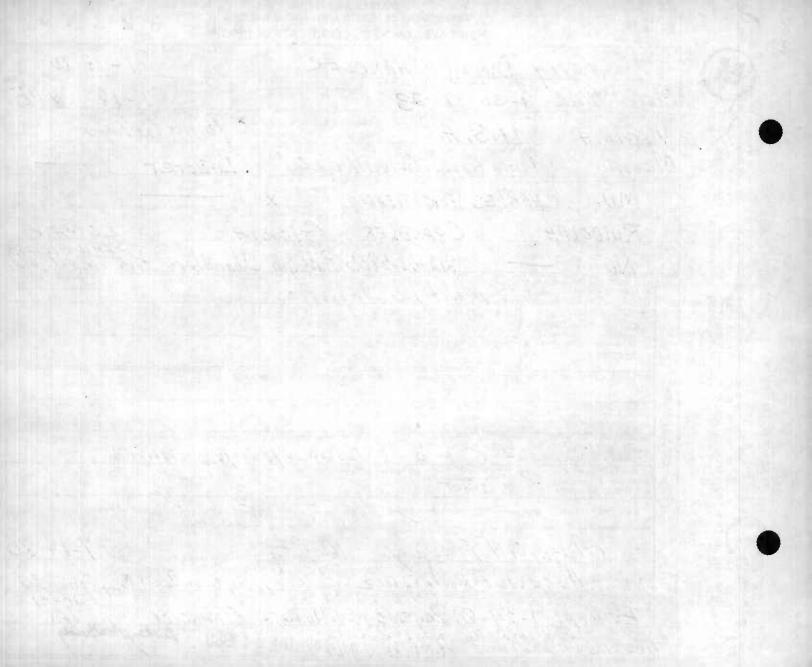
133	2		STATE OF MARYLAND	
		STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	241
		REGISTRAR CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN III	DAY YEAR 26 HOUR
		OR PRINT) MG YI	M L. CARTER DEATH MAIL P/-	05 20 M
l	3. SEX	als lehrete	DATE OF BIRTH MONTH DAY YEAR LAST RIPTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1-25	DAY YEAR 2d. HOLES
	7a. BI	RIHPLACE (STATE OR 7	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNT	Y OF DEATH
3		VIRGINIA	1/5H WIDOWED DIVORCED POINCI CIE	295 MD.
	ID. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Equip Operator	26. KIND OF BUSINESS OF INDUSTRY.
3		TATE	130 SEET ADDRESS 1 PETER	shury Ya
14	14. F/	THER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME MIDDLE	L/ST /
	2/	MARION	D. CARTER DIVE BYOM	CKMAN
	.160. V	VAS DECEASED EVER IN U.S. ARME ES. NO OR UNKNOWN) (JE YES, GIVE W)	RORDATES) 2-VIETNI 276-30-7/6 M15. MARlone D. Carter for	Box 821
		18. CAUSE OF DEATH (Enter anily		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED I	Messene Vett Cerebral hemon has	BETWEEN ONSET AND DEATH
		431-	DUE TO, OR AS A CONSEQUENCE OF	
		Canditians, if any, which gave rise to immediate	(b)	
		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ı	IFIC			YES NO
-	CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 1)	
The same of		UNDERLYING OR CONTRIBUTING CAUSE OF DE		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COU	NTY STATE
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		THE THE PART OF TH		
			of the remains described above, held an Autapsy 🔲, Inspection 🔟. Inquiry 🗐, and in my api	nian
				nian
		220. I certify that I taak charge death resulted fram: Natural	causes , Accident , Suicide , Hamicide , Undetermined manner ,	- 0
		220. I certify that I taak charge	causes . Accident ., Suicide ., Hamicide . Undetermined manner .,	- 0
11		220. I certify that I took charge death resulted fram: Natural ACTUAL SIGNATURE ALIGNMENTS NAME ALIGNMENTS NAME	Accident , Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNER 5009 Rayburn Ct Camp Spr	1-27-80
	73e S	220. I certify that I taak charge death resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME AUBUSTYPE OR PRINT	Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED ADDRESS 5009 Rayburn Ct., Camp Spr	1-27-80
	23e. B	220. I certify that I took charge death resulted fram: Natural ACTUAL SIGNATURE ALIGNMENTS NAME ALIGNMENTS NAME	Accident , Suicide , Hamicide Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNER ADDRESS 5009 Rayburn Ct., Camp Spr	1-27-80
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			FOR STATE		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HY	SIENE 8 0	0	2 2	42
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Can	/	3 SE		4 RACE		5 DATE C		6 AGE IN YEARS LAST BE	M.	FUNDER 1 YEAR	IF UNDER 24 HRS
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nd co	T the m		VAS DECEASED EVER IN U	S. ARMED FORCES? ES. GIVE WAR OR DATES) . 946-1966	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS RT :	#4 BOX	371
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at th the a	othe		gave rise to immedia	te	OR AS A CONSEQUE	NCEOF					
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ne lar as be nit. T	ows a	CERTIFICATION	190 DATE OF OPERATION	196 CONE	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
n. n. ateh	giene 8 show	E	None					YES 🔀 NO	YES		NO [
physicia physicia s certific al-transi	r Item 1		218. ACCIDENT WAS UNDERLY! OR CONTRIBUTING	OF DEATH HOUR	DE INJURY I.M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	RT I OR PART 2)	
ending I	n and Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
or att	1 is m		22a.1 certify that (I) (this			yan	9 19 80		200_1	9 80	that (II (we) last
pital FCT for u	em 2	1	saw the deceased all above, (I) (we) (did) (ve an view the bad	ofter death	8 Ct . or	d that in (my) (aur) apinian	death accurred on the d	late and havr	and from the	causes stated
he hos	e Dept		27b. SIGNATURE	Theat	MD		DEGREE ATTENDING	MEDICAL STA		22c. DATE	- 97 CV
by the	AN		224. PHYSICIAN'S NAME	9			PHYSICIAN [DIRECTOR PHYSI	CIAN [K]	0 1	Jan 20
retained b TO FUNE	MPORTA		Mantin		V .	dr		FUSQF N	1 <,		
	>	23a (SURIAL, CREMATION, REMI		The second		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		24 F	JUNIAL DIRECTOR	1-25		. Ve	terans Cem.	Chelten EREC'D BY REGISTRAN	T am	P.G.	Md
DHMH-1 (VRA 15,			Huntt Fune	rel Home	ADDRESS	nnf A	arvland	1986 o 9 MAI	pro	7-1977	cresoly
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7				STATE OF MARYLAND	
12		1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 4 3
01			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1
1	_	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN FA MON	TH DAY YEAR 16 HOUR
-	(mm)		E OR PRINT)		- 10 00
	T. MARKET		ourry	1 Darnell CHANDLER DEATH MATED 1"	10 1960 M
	March 1	3 SE)	120E	5 DATE OF BIRTH MONTH DAY YEAR ASSEMBLADAY) MONTHS DAYS HOURS MIN PRONOUNCED	H DAY YEAR 2d
		12	The Black	1-30-56 25 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD /-	18 10 87/15
777-2	33746	7a B	RTHPLACE (STATE OR	Th CITIZEN OF WHAT COUNTRY?	INTY OF DEATH
	報事を重要のつ	10	PEIGN COUNTRY)	MARRIED NEVER MARRIED HAMALE	
	#35.≯での <i>○</i>		IRGINIA	WIDOWED DIVORCED DIVORCED	MD.
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		C	reverly	PINE DO NESS OF WORKING LIFE)	OK INDUSTRI
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- 5	AND 3 PETAIN POULD E	13a. S	TATE A D NO COUN	1/1/17/1	
2120	IF ANY DEI SHOULD BE SHOULD BE		111111 (1	HIRLES PORT TOBALLO YES NO X	
. 2	TH 3.2.	14. F/	THER'S NAME	MIDDLE IS. MOTHER'S MAIDEN NAME	d tage
×	4 5 6 7 7 X	1	RUIDAIDH	CHANDLER GLADIA	1 DBAN
RE	PAGE ORM	160 \	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ZOOHIV
W	ON O			WAR OR DATES) Q.D. (1 FO2 F P 11 1 M	EK11-130112931
BALTIMO	URS AFTER D B. GIVE PAG WITH FORW PAGES 1 A DIVISION O		NO 1 -	- 12/2-46-2835 Nukolph Chandler for	INSPECCIMA.
-	MI WILL		IB CAUSE OF DEATH (Enter on		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST			PART I DEATH WAS CAUSE		BETWEEN ONSET AND BEATT
Z	HIN 24 HC IN ITEM 1 R ALONG SIT PERMI HYGIENE,		IMMEDIA	TE CAUSE (a)	
ST	Z Z Z E Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7	Conditions, if any, which		
PRESTON	UTED WITHIN REXAMINER A STANDER A ST		gave rise to immediate		
3	REAL PARTY		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME 20. DATE KNOWN IN MONTH William (TYPE OR PRINT) OF DEATH MATED 19 80 6 AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD YRS BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED MYPE OF WORK 12b. KIND OF BUSINESS A FATHER'S NAME FW11 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Lew seles The Condis Wescular Canditians, it any, which gave rise to immediate cause (o) stoting the under-49 A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES [NO [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 21201 8 22a. I certify that I took charge of the remains described obave, held on Autopsy Inspection ond in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOU!
TO FUNERAL D
AFTER DEATH, V ACTUAL Deputy SIGNATURE MEDICAL EXAMINER Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATIO 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REL **DHMH-17** (VR A15 ME (5)) 15M 7/76

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ORDS, 301 W. PRESTON ST., BE EXECUTED WITHIN 24 HOL INDIG." IN PENCIL IN ITEM IS EDICAL EXAMINER ALONG	A BURIAL-TRANSIT F AND MENTAL HYGION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) statin lying couse lost	immediate g the <u>under</u>	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE OUT NOT RELATED TO THE TO	E OF		PART 1 10.				
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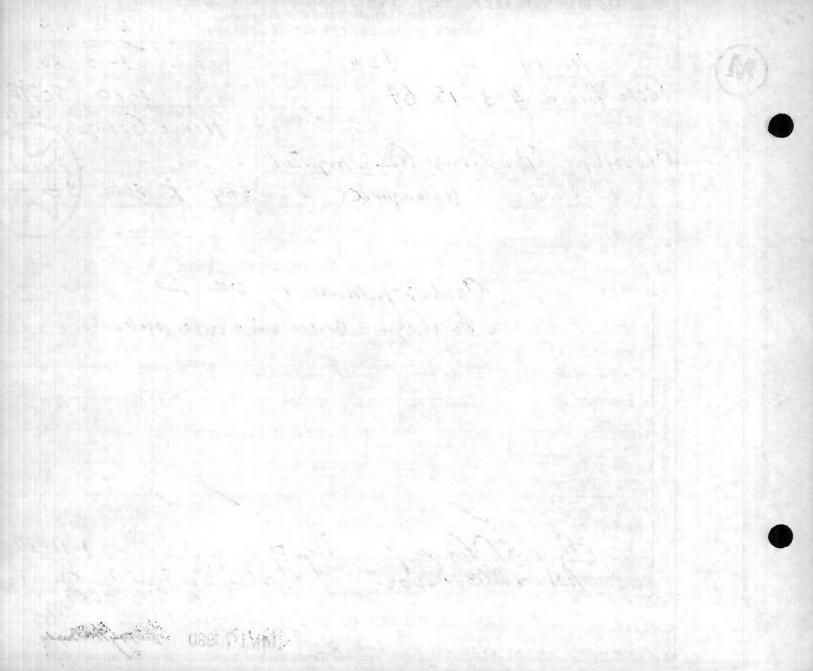
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7	13a. S	TATE	COUNTY	INSTRUTION, GR	VE RESIDENCE BEFORE A	WY Do	13d. INSIDE CITY LIMITS	STREET AL	DDRESSE	Sheet	SE
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	z	Canditians, if gave (ise to cause (a) statin lying cause last	immediate g the <u>under-</u>	DUE TO, OR (b) DUE TO, OR (c) UTING TO DEATH	m chok as a conseque	NCE OF	Par Cause E OR CONDITION GIVEN II		ter 100	selein	k)
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3	MEDICAL CERTIFICATION	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OP	21b. TIME OF HOUR A.M P.M	MONTH DAY		OW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART	
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		220. I certify that death resulted from ACTUAL SIGNATURE	I taak charge of the	(2)	Accident .	Suicide A	Hamicide	. Undetermine	ed manner	DATE	1-11-80
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	7	PECIFY)		5-80	MARYL	/	AT'L. CENI	BELT	SVILLE,	COUNT	Mo.
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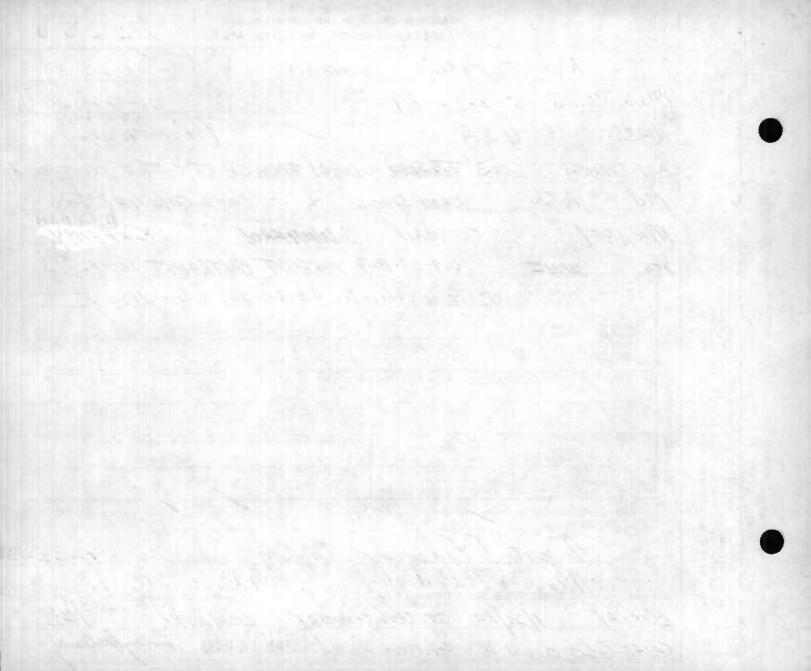
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Manothe COLBERT 1- STATE REGISTRAR MIDDLE 1- STATE REGISTRAR OF ESTI- DEATH MATED 1- STATE REGISTRAR 1- DECEASED NAME (TYPE OR PRINT) Manothe COLBERT 1- STATE REGISTRAR 1- DECEASED NAME (TYPE OR PRINT) MANOTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED DEATH MATED DEATH MATED 1- STATE REGISTRAR MONTH DAY OF ESTI- DEATH MATED DEATH MA	YEAR 25. HOUR	
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CHEVERLY The CITY OR TOWN OF DEATH THE CITY OR	OF BUSINESS DUSTRY	
136. COUNTY 136. STATE TO THE PRINCE GEORGES SEATPLEASANT YEXX NO 709 61st AVE		
14. FATHER'S NAME GEORGE COT.BERT MIDDLE LAST T. FORMST P. YARKE T. FORMST P. Y	LAST	
160. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNK ROSETTA CHASE NIECE 709 61st AVE 18. CAUSE OF DEATH (Enter only one couse per vince or (o) (b), and (c).)	SANT, MD	
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220. I certify that I took charge of the remains decibed above, held an Autopsy , Inspection , Inquiry , and in my of inion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY) ACTUAL SIGNATURE ACQUARTED ACCIDENT M.D. Deputy MEDICAL EXAMINER SIGNED EXAMINER'S NAME ANGUSTO P. Rodriguez , M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, OF SPECIFY) 230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY COUNTY 230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY COUNTY	25-D Md. 20031	
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DHMH-17 (VR A15 ME(5)) 15M7/77 A FUNERAL DIRECTOR 250. DATE REÇ'D. BY REGISTRAR 255. REGISTRAR'S SIGNATUR FFR 0 4 1000 Liston Machine FFR 0 4 1000 Liston Machine 100 Liston Machine	E .	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTHAORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 126 KIND OF BUSINESS OR TOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRA 13d INSIDE CITY LIMITS? 113e STREET ADDRES 003 MIDDLE MIDDLE R IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause peptine for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO 1 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autapsy and in my apinion Inspection Hamicide Undetermined manner Natural causes EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) BP L'GISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 7/76



	STATE OF MARYLAND		
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E	
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	the	ale White	5-02	-96 93 YE	Y) WOAT	DER 1 YR. IF UNDER	MIN PRON	OUNCED SEAD	1-20	.80	229
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21	14 FA		st Colli	flower		Annie		MIDDLE	-19 ib	LAST	
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BP. DHMH - 17 (VR A15 ME (5)) 15M 7/76

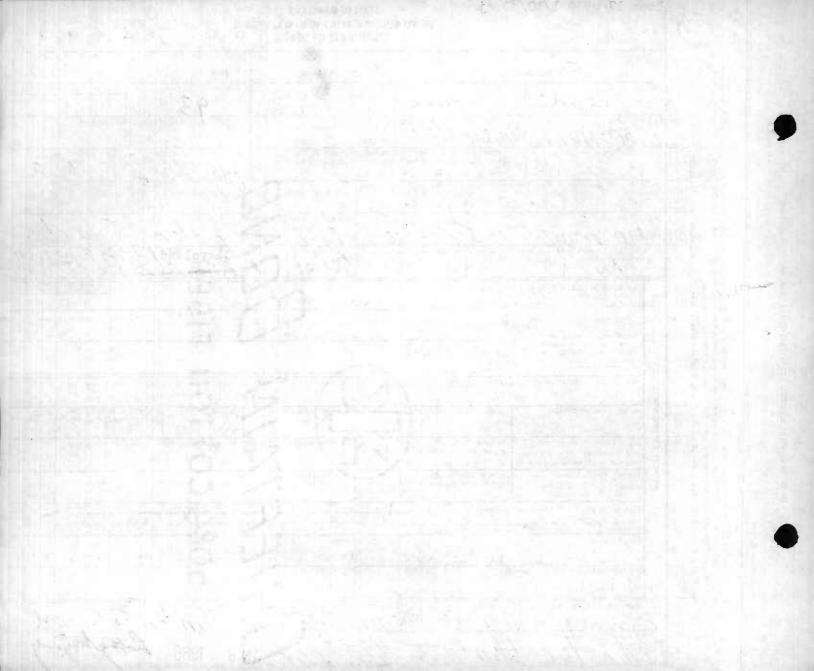
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ne low r nn. hos bee permit.	shows only	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
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FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY LEALTH AND ICATE OF	MENTAL HY	GIENE	O	()	2	2 =	i i
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MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this hospital) attended that (I) (we) lost sow the deceased alive an abave, (1) (we) (did) (did) and) view and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 4404 Queensbury Road, Riverdale, Md. 20840 Dabela. 230. BURIAL, CREMATION, REMOVAL Burial Rockingham County 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Jan 19, 1980 Weaver Cemetery

Virginia

24 FUNERAL DIRECTOR

F. Gasch's Sons P A Hyattsville, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) CLINTON DAVIS DEATH MATED & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD ept. 24, 1907 9 BANTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED NORTH CAROLINA U.S.A. DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK PRINCE GEORGE GENERAL HOSPITAL CHEVERLY ELECTRONICS SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? PRINCE GEO. YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN UNKNOWN 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anna F. Davis 578 01 8839 Same as #13 (Wife) 18 CAUSE OF DEATH (Enter only one couse per left for (a), (b), and (c).) BETWEEN ONSET AND DEATH tenesteleiste Cardiochicalordiscare PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO P 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME. 2 If. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion YLAND, Undetermined monner Suicide Homicide death resulted from: Natural causes DIRECT TITLE (SPECIFY) GE 4 SHOU FUNERAL C TER DEATH, Deputy__MEDICAL EXAMINER EXAMINER'S NAME (Augusto P. Rodriguez 5009 Rayburn Ct., Camp Springs, Md. 20031 TYPE OR PRINT PAC PACE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 1/8/80 Burial Ft. Lincoln Cemetery Brentwood. Md. Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** VR A15 ME (5)) Hyattsville, Maryland 15M7/76

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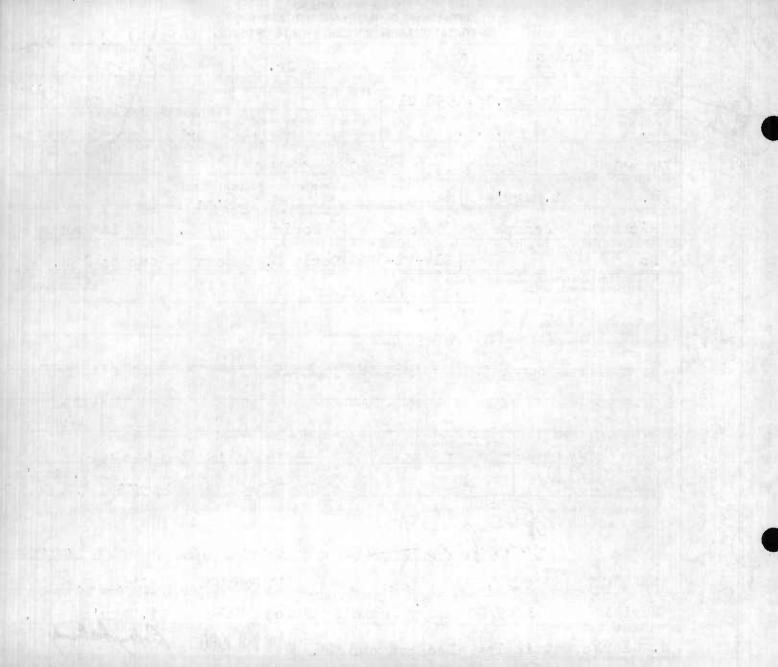
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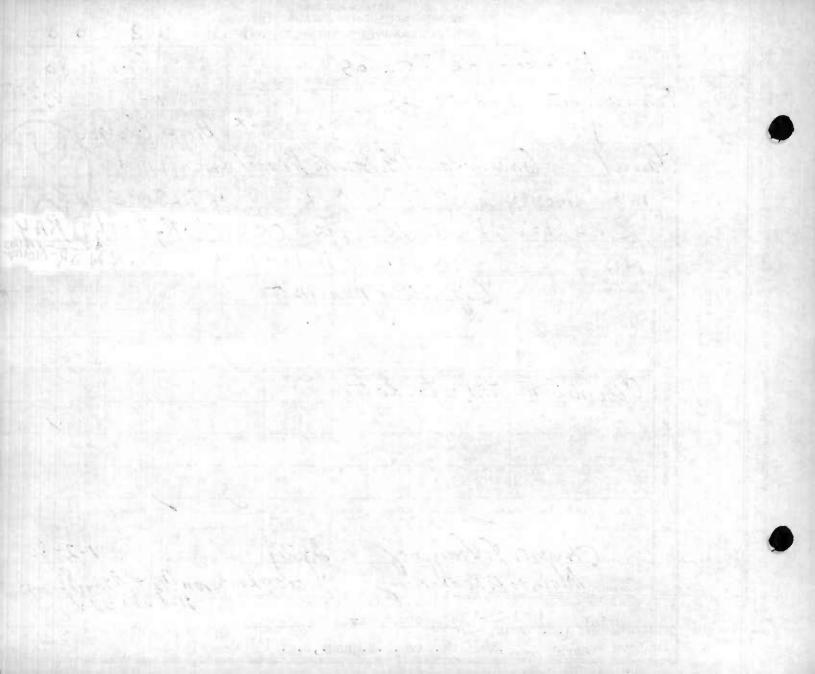
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0		1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 2 2 6 CERTIFICATE OF DEATH 8 REG. NO.								
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72 houn	85	7e 81	RTHPLACE (STATE OR DUNTRY) W . Va .	FOREIGN	U.S.	WHAT COUNT	RY? I MARRIEI WIDOWE	NEVER MARR		PRINCE GE	R COUNTY		Y MD.
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Pages 1 a	1		/AS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	235-2		William	n J.I	Dent (sam) MATE INTERVAL ONSET AND DEATH
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te has bee permit. Ti jiene prior shows ar	9	CERTIFICATION	19a DATE OF OPER	ATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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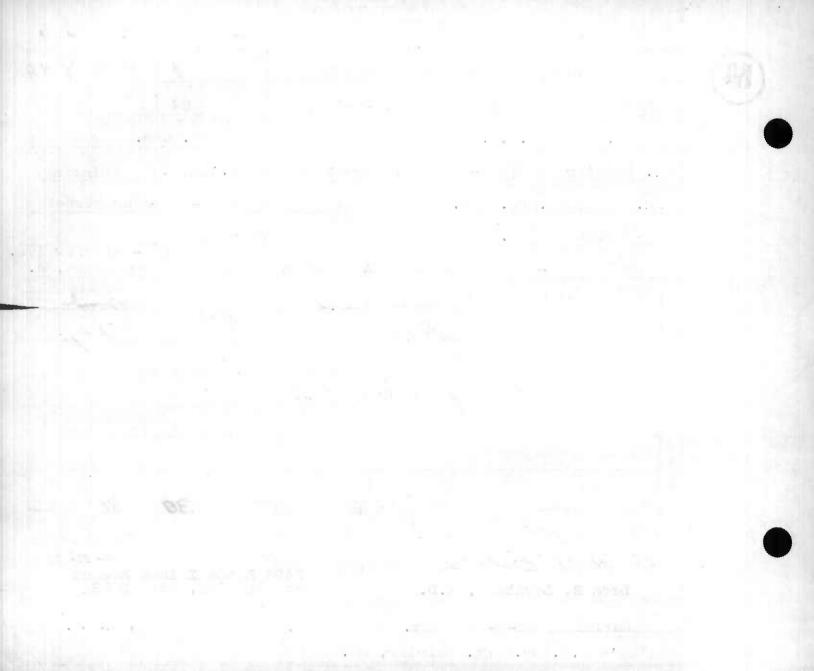
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4	(11/1)	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
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	e hospital DIRECTOR Sched for u Dept. of He	21 15		saw the decease abave, (l) (we) (d	d alive on	1-30	ofter death	80.0	nd that in (my) (our) opin	ion death accu	red on the da	te and ho	ur and f	rom the	causes st	oted
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(VRA 15, 4) 1/79

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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORW. TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213		death results		al couses	Accident		icide .	Define .	cide X		termined m		ita iii my a	pillon		
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urial 1-16-1900 mashington tional Suitland Maryland George P. Halis Tuneral Home (160 Caon Hill, Maryland Home)

Sagnedo St.

FOR

- STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

DAYS

Merkel

COUNTY

22c. DATE SIGNED

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IF UNDER 1 YEAR

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STATE

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1 3	1.	FOR STATE			EALTH AND MENTAL HYG	IENE ()) 2 2 / 3
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	4.05	demen	111			4.405	DAYL IF UNDER TYEAR IF UNDER 24 HRS
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DIN O O O O O O O O O O O O O O O O O O O		22a 1 certify that (1) (this haspi	ital) attended the deceased	from 6 -	2 1056	10 1 - 6	10 8 0 that (IV (we) In
TEN TOR of the			to the body after death.	70	d that in (my) (our) opinion	deoth occurred on the dot	e and hour and from the causes stated
OR ATTEN OR ATTEN DIRECTOR sched for u Dept. of He		22b. SIGNATURE	ot) view the body after death.	Note !	EGREE	4 - 1 - 1	22c. DATE SIGNED
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O HOSPITAL TO FUNERAL with the Store MPORTANT: It		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		77e ADDRESS	,	M. P. C. S. D. W. I.
		Richard Dobso	n		Brandywine,	Md.	
0 5 5 4 3 8	23a E	SURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
D / O BP		Burial	1/10/80,	Chette			nam P.G., Md.
DHMH - 16 50M 7/77		INERAL DIRECTOR OLLER	= F. Bell/Lucos	PESS .		E REC'D. BY REGISTRAR 25	SEGISTRAR'S SIGNATURE
(VR A 15 (4))		Lee Funeral	Home, Clint	on, Mar	yland IAN	1 4 1980	

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CHAMBERS FUNERAL HOME - RIVERDALE, MARYLAND

(VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 2b. HOUR DUVALL **JEAN** (TYPE OR PRINT) DORIS ESTI-DEATH MATED 3 SEX F DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE BIRTHDAY PRONOUNCED MARCH 13,1900 79 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE MARYLAND USA DIVORCED WIDOWED IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HOME LAUREL HOUSEWIFE 8th STREET USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE PRINCE GEORGE 13d. INSIDE CITY LIMITS? 13e 812 ABORESS STREET 21201 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DISNEY PIRST BEALL "SAVILLA JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. HAROLD DUVALL, LAUREL, MARYLAND (YES, NO OF UNKNOWN) 220 44 8803 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per land for (a), (b), and (c), BETWEEN ONSET AND DEATH tenose levotre Oardiolles coler de slove PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE O. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES [NO B 3 SHOULD BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. III. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge at the remains described above, held on Autopsy Inspection and in my apinian Homicide Undetermined manner death resulted from: Natural causes SIGNATURE 010 24,1980 IVY HILL CEMETERY LAUREL, MARYLAND 250. DATESTAN BREDISTON ASS. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** NAMEDONALDSON FUNERAL HOME. LAUREL. MARYLAND (VR A15 ME (5)) 15M 7/76

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	DIRECTOR PLANTS	3. SE	enale White	S. DATE OF	DAY 3-	6. AGE (IN YEAR	MONTHS DAYS	THE OTTORN & THE	RS. 2c. DATE PRONOUNCE DEAD	D / -	DAY	SD 830
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DIVISIO	RE: THIS CERTIFICATE SHOUNTE, WORD "ORWARDED TO THE CHE RE. PAGE 3 SHOULD BE USE RE STATE DEPARTMENT OF 121201 PRIOR TO BURRIAL, COMMENT OF THE CHE PROPERTY OF THE CHE PROPERTY OF THE CHE PROPERTY OF THE CHE CHE CHE CHE CHE CHE CHE CHE CHE C	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e P STRE	LACE OF INJU EET, FACTORY, FAR	RY (ATHOME,	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	EXAMINER: T CERTIFICATE, UID BE FORV DIRECTOR: P. WITH THE ST VARYLAND, 213		220. I certify that I taak cha death resulted fram: Nat	rge of the remo	ins described o		Autapsy ,	Inspection Commicide Uni	, Inquiry		my apinian	
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	O MEDIC XECUTE T AGE 4 SI O FUNER FTER DEA ALTIMORE	22.2	EXAMINER'S NAME (TYPE OR PRINT	istof	. Rex	Recel	02 ADDRESS	Name of the last o	aybum	Cours	1, any	Jungs
0	600	Ė	urial, cremation, removal Burial			rlingt			Arlingt	ion	る(水) 3 / - Vi	rginia
	MH-17 20M 1/73 VR A15 ME (5))	Pi	ineral Home	Leman	-Upper Mary	Marlb Land 20	970:		BY REGISTRAR		AR'S SIGNATUR	

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completely filled in by the funeral 1 and 2 should be filed within 72 h

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the death certificate

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTEI

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	IENE 8 U	0	2 2	11
	CEASED NAME FIRST		MIDDLE	-	LAST	20 DATE OF DEATH		DAY YEAR	26. HOUR
(TYPE	Malbe	rt L	ee :	FATZI	NGER	January	6	1980	11:17am
3 SE	X	4 RACE		5 DATE C		6. AGE IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
	Ma.e	Whi	te	Marc	_	73	YRS.	MONTHS DAYS	HOURS MIN
CI	RTHPLACE (STATE OR FOREIGN DUNTRY) Florida	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	DIENEVER MARRIED	BALTIMORE CITY O	_	Y OF DEATH George	S MD
I	TY OR TOWN OF DEATH Riverdale	Eugen	e Leland	Memo	or other institution rial Hospital	120. USUAL OCCUPATE TYPE OF WORK FOR MOST O Printer		FE) INDUSTRY	of Business or eotype
13e S	AL RESIDENCE (# NURSING HOLESTATE Md. 13b.C	ME OR OTHER INSTITUTION OUNTY. Geo	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Adelphi	ADMISSION V	134 INSIDE CITY LIMITS?	9200 Edw	ards	Way	
14 FA	THER'S NAME FIRST Harvey	MDOLE Fa	tzinger		15 MOTHER'S MAIDEN NAME FIRST Nellie	ME MIDDLE			AST
	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUI		Margaret F	ADDRE	-	(a.m.	20 12-1
	no		577 10	8884	Mulgaret F	. ratzing	er,	(same	
	IN CAUSE OF DEATH (Enter	er anly ane cause per						BETWEEN	NIMATE INTERVAL NONSET AND DEATH
		DIATE CAUSE (a)	Acute su	bdura	1 hemorrhage			1	day
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CERTIFICATION	diabe	tes melli		arter OPERATIO	iosclerotic h	ypertensive 200 AUTOPSY? YES√√ NO□	100. IF YE	ASE S, WERE FIND IFYING CAUSE ES	
	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET CONTRIBUTIONS OF CAUSE OF CHEET CAUSE OF CA	F DEATH HOUR A	DEINJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	IY IN ITEM 18,	PART I OR PART 2	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	220 I certify that (I) (this h saw the deceased aliv above, (I) (we) (did) (di	e on 6 Janua	ary 1980	`	tober 19 <u>79</u> nd that in (my) (our) apinian (2		, that (I) (we) last e causes stated
	226 SIGNATURE	ol):-	Journe	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI			n. 1980
1	224 PHYSICIAN'S NAME (T	YPE OR PRINT!		127	22e ADDRESS			1-1-2	
		Houmann,			4404 Queensb	ury Rd., Ri	verda	ale, Md	. 20840
	BURIAL, CREMATION, REMO	DAM . 10		iame of s	EMETERY OR CREMATORY	236 LOCATION CHYORTOWN	and ((gulfe)	MSTATE (
24 FJ	UNERAL DIRECTOR	11/11	1		250. QAT	E REC'D. BY REGISTRAR	25h. REGIS	TRAR'S SIGNA	TURE #

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

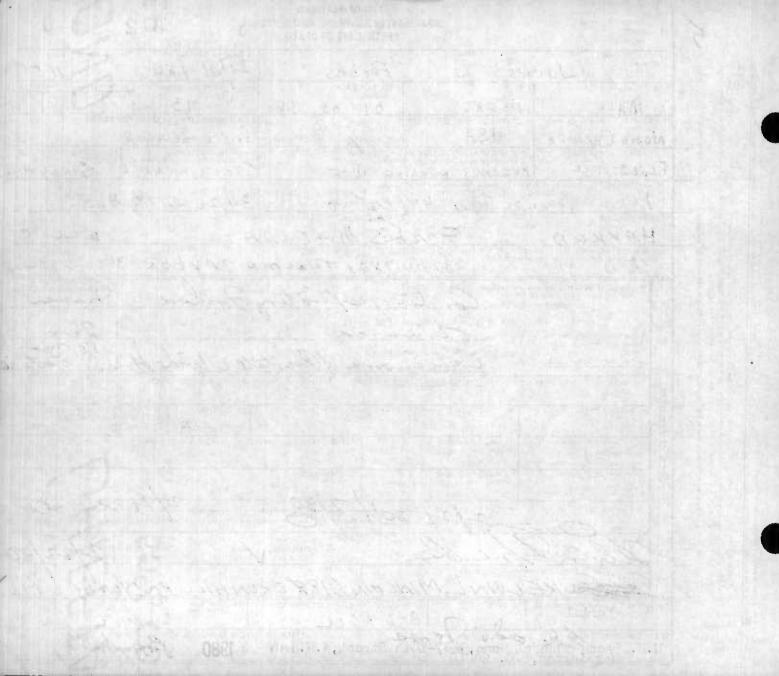
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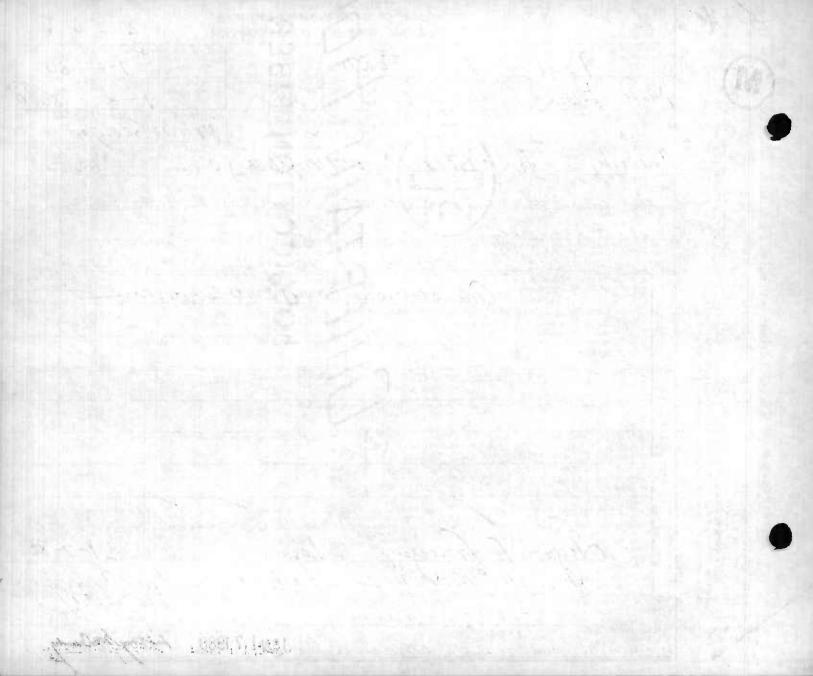
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 2g DATE OF DEATH MONTH 2b HOUR TYPE OF BRIDE FRANCES Fitzgerald Flynn 19 1980 January 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MOURS Female White July 1915 64 yrs. TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Wash. D. U.S.A Prince Georges WIDOWED DIVORCED [ID CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 24th Pl . Hvattsville, Md. Hyattsville Secretary Justice Dept DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 14 STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Mont Bethesda 4949 Battery Lane Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Griffin James J. Fitzgerald Loretta G. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Dana Point, Calif. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jeremiah F. Flynn (son 33752 Malaga St. 577-01-0257 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Shock Immediate IMMEDIATE CAUSE (O DUE TO OR AS A CONSEQUENCE OF Metastatic CA Conditions, if ony, which 6 months gove rise to immediate couse to stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Lung CA 6 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION O 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows NOL YES [NO [and Mental Hygie 710 ACCIDENT WAS UNDERLYING 7 lb. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF YOWN COUNTY STATE WHILE NOT WHILE 80 22a.1 certify that (1) XhX XiX(X)(X)) attended the deceased fro sow the deceased alive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL mo Should be detowith the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S MAME (TYPE OR PRINT) 22e ADDRESS Stanley A. Schwartz, M.D. 106 Irving St. N.W. Wash. D.C. 20010 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1-22-80 Mt. Olivet Cemetery Washington. D. C. Burial uneral Home. DeVo] Inc. DHMH - 16 50M 1/76 (VR A 15 (4)) 2222 Wisc. Ave. N. W.

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/ 1/2	1	FOR	STATE OF MARYLAND	
5 4	1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 8 1
6		PECEASED NAME PAUL	** PORD LAST Zo. DATE KNOWN PMOI OF ESTI- DEATH MATED []	NTH DAY YEAR 26. HOU
M STA	3. SE	Mote Black	5. DATE OF BIRTH MONTH DAY YEAR LASI BIRTHDAY) 6 8 YRS. 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN PRONOUNCED DEAD	6 1980 SP
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21201 IF ANY DEL 2, AND 3 TC SHOULD BE I RECORDS.	5 13a. S	STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS Sent Planes + YES 10 NO 14801 FAddress	Kd
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WAI WAI	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFTER DESTAMINE THE THE THE THE THE THE THE THE THE TH			ural caures , Accident , Suicide , Hamicide Undetermined manner ,	ayapinian ATE 1-7-88 GNED
TO MEDIC EXECUTE PAGE 4 S TO FUNE BALTIMOR	2304	EXAMINER'S NAME (TYPE OR PRINT) SURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. BOCATION BUT	Camp Sprips
3/00 DHMH-17 20M 1/73		(SPECIFY) FUNERAL DIRECTOR	1-10-80 Hanmony thigh land land	COUNTY STATE
(VR A15 ME (5))	14	DAShing to	492 ADDRESS ADDRESS A BURNEY SUR JAN 17 1980	Melvery



injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows

should be detached for use as with the State Dept of Health

STATE OF MARYLAND

0	0	2	2	8	2
					- 1

1 - STATE REGISTRAR		DEPART		ICATE OF DI		REG. N	0.	2 2 8	6
I DECEASED NAME FIRS	T MI	DDLE	L	AST	DATE:	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Robert	V.	F	ord			Jan	03,1980	10:00Am
3 SEX	4 RACE		5. DATE C	FBIRTH	NAME OF	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
MALE	WHITE		MONTH 1	28	12	67	YRS.	MONTHS DAYS	HOURS MIN
7a BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	□ NEVER M	400KD []	9. BALTIMORE CITY C		TY OF DEATH	
VIRGINIA	U.S.A.		WIDOWE		ORCED	Prince Ge	orge	County	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C			12a. USUAL OCCUPATE	ON	126. KIND C	OF BUSINESS OR
Laurel	Greater			ille Ho	spital	SALESMAN	r WORKING	are) INDOSTRI	
USUAL RESIDENCE (IF NURSING HI	ME OR OTHER INSTITUTION, C		RE ADMISSION)	13d INSIDE CIT	•	13e STREET ADDRESS			
WASHINGTON, D.C.					NO []	809 I. St.			
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	AE MIDDLE		LA	57
CLARENCE	W.	FORD	1004	MAI		MIDDLE		UNKNOW	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMAN	4T	ADDR	SS C1	leveland	. Ohio
NO	S, GIVE WAR OR DATES	579-01-	-1003	MARY R	KITTE	ELBERGER 37			
18 CAUSE OF DEATH IEM	ter only one couse per l							APPROX BETWEEN	CIMATE INTERVAL
PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	ENAL	Cell	(A)	CCINO	mA		14	mos
1890		AS A CONSEQU	IENCE OF			Property and	176	el a primi	
Conditions, if any, whi		AS A CONSEGO	ZINCE OI						
gove rise to immedia	te	AS A CONSEQU	IENCE OF						
underlying couse lo	DOL TO, OR	AS A COITSE OF	ZETTEL OF		K. 19				
PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	SIVEN IN PART 1	(0)
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI	21711810								
No. DATE OF OPERATION		ION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	INGS USED
E .						YES NO		YES	NO 🗆
21a. ACCIDENT WAS UNDERLYI		INJURY N. MONTH D	AV VEAD	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	B, PART 1 OR PART 2)	44 - 1018
OR CONTRIBUTING CAUSE	OF DEATH		19						
(IF EITHER, NOTIFY MEDICAL EXA	21e. PLACE C	F INJURY ET, FACTORY, OFFICE,	EARL ETC.	211. LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
WHILE NOT WHILE [] (XI HOME, SIKE	EI, FACTORI, OFFICE,	PARM, ETC.)						
22a.l certify that (1) (this				-13	. 19 79	, to/	3	19 50	, that (I) (we) last
sow the deceased of	ve on		90 or	nd that in (my) (our) opinion d	death occurred on the d	ote and h	our and from the	couses stated
22b. SIGNATURE	11	3 (DEGREE				22c. DATE	E SIGNED
1 Komes &	maclean	y MIN	V .		HYSICIAN X	MEDICAL STA	FF CIAN []	1/4/	Po
220 PHYSICIAN'S NAME	TYPE OR PRINT			22e. ADDRESS					
THOMAS A.	MACLEAN M	.D.		GREAT	ER LAUF	REL BELTSVI	LLE F	HOSPITAL	
23a. BURIAL, CREMATION, REM			NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	1.8 5	COUNTY	STATE
BURIAL	01-05	-80	LOU	DON PAR	K	BALTIMOR	E CT	Y Sec MA	

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR HUBBARD FUNERAL HOME,

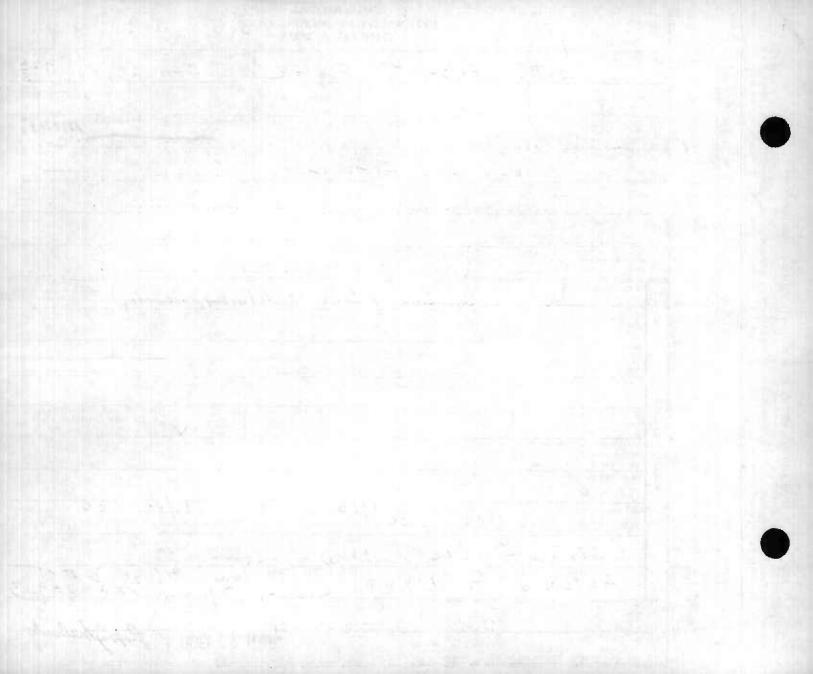
ADDRESS 4107 Wilkens Ave. INC.

21229

250. DATE REC'D. BY REGISTRAR 256 REDISTRAR'S SIGNATURE

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	S. A. Avel				
					Marie La
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	1			STATE OF MAKYLAND		
	1.	FOR STATE	DEPARTM	NENT OF HEALTH AND MENTAL H	YGIENE () () 2	2 8 3
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	I. DE	CEASED NAME FIRST	MIDDLE	H LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5
		13011	V ELIZAbet	h FOW/BR	JAN. 2	0,88 / ON
	3. SE	X	A RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 2 HRS
		female	white	Oct 8, 1931	48 YRS	MONTHS DAYS HOURS MIN
9		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COUNT	Y OF DEATH
S Kon	9	Saltville Va.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED X	D	rige So A- W
Di mund	10. C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Thought	Tal	toma Danle	WASH. ADVEN		(TYPE OF WORK FOR MOST OF WORKING I nursing add	LIFE) INDUSTRY
ben	USU	coma Park AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
3 3	13a	STATE 136 COU	NTY 13c CITY OR TOW	N 13d. INSIDE CITY LIMITS?	10609 Dundfrie	e Rd
e e	Va	ATHERS NAME	ince Wm Co. Manas	IS MOTHER'S MAIDEN!		.S Itu.
1872	1	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
5 / S		Edward Scott			latilda Hopkins	
medico 3		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			N. I. I
		no	 577-44 - 08	330 Vicki E. S	haw Annapolis	
t, the		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one couse per tine for (a), (b), and	100 / -	1 1 1 +	BETWEEN ONSET AND DEATH
event.			TE CAUSE (0) Urrhon	if were c/	narkas Ascila	3
		5715	DUE TO, OR AS A CONSEQUE	NCF OF		
troumatic		Conditions, if any, which	(ib)			
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
ather		underlying cause last	(c)	INCE OF		
y, o.		PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
injury.	N O	ADD THE TOTAL				
ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
	Ĕ					IFYING CAUSES OF DEATH?
S sho	1 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	
or Item 18 sh		OR CONTRIBUTING CAUSE OF DE	2"" 1	Y YEAR		
r He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 2H LOCATION		
ed	A.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
morked or Item 18 shows		AT WORK AT WORK	2 D 22 D 14 D 16	1116 10 8	0 1/20	10 80
. 🗠	1	saw the deceased alive at	ital) attended the deceased from 198	, 19	on death accurred on the date and ha	, 19_0, that (t) (we) las
m 21		obove, (1) (we) (did) (did n	ot) view the bady ofter death.		on death decorred on inquare and ne	77c. DATE SIGNED
If Hem		22b. SICHANURE	9/1	DEGREE ATTENDING	MEDICAL STAFF	776. DATE SIGNED
	1	querus	D. Cal	PHYSICIAN	PIRECTOR PHYSICIAN	
DRTAI		22d. PHYS CIAN'S NAME (TYPE	ORPRINT) GUIV	220. ADDRESS	User Bluz	1 7 # 2
MPORTANT		MNIUNI	0 00	Silve	5 5 mm 7	nd 20903
≥	23a.	BURIAL, CREMATION, REMOVA	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATOR	23d. LOCATION O	COUNTY STATE
		Burial	1/24/80	Hillcrest Cemeter		M. / 0
76	24 F	UNERAL DIRECTOR	ADDRESS	25a.	ATTRESDAY OG PAR 256. RD	19 The JY HOLD LOVE
			ral Home 12 Ridge	2. 4	711 0 0 1300 V	'////
		THE RESEA LANGE	car nome 15 grade	elv Ave. Ann Mel		



1	FOR	DEP	ARTMENT OF H	EALTH AND MENTAL F	IYGIENE		
	STATE REGISTRAR	MEDIC	AL EXAMINE	R'S CERTIFICATE C		EG. NO 2	2 8 4
	ECEASED NAME FIRST	MiDi	DLE	LAST	2a. DATE KNO	WN MONTH	AY YEAR 25 HOU
,	JOHN	W.	ILLIAM	FRANKLIN	01 63		1 180
IN THE ST.		S. DATE OF BIRTH	6. AGE IN YEAR	FUNDER 1 YR. IF UNDER	24 HRS. 2c. DATE		DAY YEAR B HAS
	male white	00 1	6 63 YRS	mermine bare mooks	MIN. PRONOUNCED DE AD	1 1	D
王 连 7c.	BIRTHPLACE (STATE OR	76. CIMZEN OF WHAT	OUNTRY?	MARRIED NEVER MARR	9. BALTIMORE	CITY OR COUNTY	
	irginia	USA		WIDOWED DIVORC	- D C	eorge's Co	ounty
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120. USUAL OCCUPATIO		KIND OF BUSINESS
9#874	Cheverly	Prince Geo		nital	FOR MOST OF WORKING L		or INDUSTRY
	JAL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RES	DENCE BEFORE ADMISSION	4)		170	JOLING
	aryland 136. COUN	S S	uitland	AEZE NO [3520 Terr	ace Driv	<i>т</i> е
14.	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDI	MIDDLE		LAST
0	Unknown				known		
	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY		0011		20 Terrac
	(YES NO. OR UNKNOWN) (IF YES, GIVE	5	77 18 99	88 John W.	Franklin,	Jr. Sui	tland, M
	18. CAUSE OF DEATH (Enter an			CONTRACTOR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSEI	TE CAUSE (a) Blur	it injury	to head			
-	8150		CONSEQUENCE O				
	Canditians, if any, which gave rise to immediate	(b)					
	couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			150000	
	Tyring coose to st.	(c)					
z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PA	IRT 1 (a).		
CERTIFICATION	198, DATE OF OPERATION	Ties CONDITION	FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?
5							
HE E	210. EXTERNAL CAUSE WAS	21b. TIME OF INJU	JRY	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN	LITEM 16 PART 1 OR PART 2	YES EN NO
		approximo	1-11 19 80				
MEDICAL	21d. INJURY OCCURRED	ZIE PLACE OF IN	, 00	211 LOCATION	to/fixed ob	ject impac	CE
W	WHILE DOT WHILE	STREET, FACTORY, F		STREET	CITY OR TOWN	Daning County	
	AT WORK AT WORK	x high	<i>l</i> ay	northbound, Ri	t.5, 200ft.	Prince Ge	eorge's Co.
4	22a. I certify that I taak charg	person		from Washingto	D.C. Lan	, and in my apinio	on
1	death resulted from: Natur	ral causes , Acci	dent X, Suic	ide Hamicide	Undetermined manner	L.	
2 230.	ACTUAL / \/	V 0.0	111	TITLE (SPECIFY)		DATE	
-	SIGNATURE JUGINA	2 of Abram/		M.D. <u>Assistar</u>	T MEDICAL EXAMINER	SIGNED_	1-12-80
	EXAMINER'S NAME		36.5				
10,00	(TYPE OR PRINT) VIT	ginia L. Dol			Penn Street		
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)			ETERY OR CREMATORY	23d LOCATION CITY OR TOWN Suitland	COUNTY	Marylan
24			wasningt	on National	REC'D. BY REGISTRAR 125		
24.	FUNERAL ROBERT E.	Wilhelm	C.,		100) 1000	7.1	1 Mc Cresdy
5))	Funeral Ho	me inc	Sultla	ind, Md.	JAN 4 1911) July	111- Juneary

on of the second deaths ina dispetito banditos a so verbit. A list e so dispetit di sociali. w in the state of

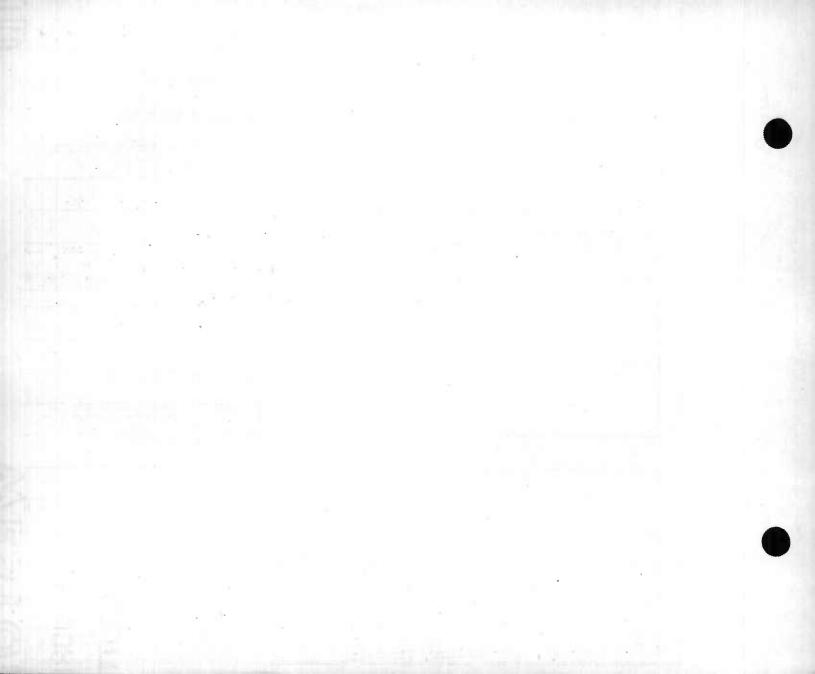
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20 DATE KNOWN (TYPE OR PRINT) ESTInelsew DEATH MATED 180 DATE OF BIRTH IF LINDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED 12h KIND OF BUSINESS ITAL, NURSING HOME, OR OTHER INSTITUTION OWN OF DEATH ON TTYPE OF WORK OR INDUSTRY 13d. INSIDE CITY LIMITS? 13e STREET ADDRE MIDDLE MIDDLE ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 4322-DUBOIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. O. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO EPARTMENT 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR
CONTRIBUTING CAUSE OF DEATH 0 UNDERLYING PM 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK FUNERAL DIRECTOR: P 22a, I certify that I taak charge at the remains described above, held an Autapsy Inspection and in my apinion death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez, M.D. 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE 4001-SUITLANI INCCLN 250. DATE REC'D, BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) 5635-EADS St. N. E T. SUTTON 15M 7/76

PERSONAL MARKET WARRANT, AT THE TOP COLD JANE THERE

1		GISTRAR ASED NAME	FI	IRST		MIDOLE		R'S CERTII				KNOWN X	MONTH	DAY Y	EAR [2]	b. HO
		R PRINT)									OF-	ESTI- MATED			1	B. 1101
3.	SEX	1	S(COTT	ATE OF BIRTH	Alan	AGE (IN YEARS	ENCH I IF UNDER 1 Y	R. TIE LINDE	R 24 HRS.	2c. DATE	MAIEU	MONTH	1 19 DAY	80	M HO
				Ty	une 7,	YEAR	15 YRS	MONTHS DAYS	HOURS		PRONOUN	ICED	7.61		1	7:2
74		HPLACE (STA	white	_		VHAT COUNTE	I KJ	MARRIED	LIEUTED			ORE CITY O	R COUNT	YOFDEAT	H 1	P
	FI	orida			U.S.A.		,	WIDOWED [DIVOR		Prin	ce G	- eorge	's Co	unty	y ,
10		OR TOWN			(IF NOT IN SUCH I	FACILITY GIVE STRE	FET ADDRESS)	OR OTHER INST			AL OCCUP	ATION (TYPE	E OF WORK	126 KIND C	OF BUSIN	NESS
		neverly	,	1	Prince	George	's Co.	Hospit	a1	S	tuden	t		Scho		
13	Mai	TE ryland	IF IN NURSING	CQUNTY	Geo.	GIVE RESIDENCE BE 13c. CITY C Green	FORE ADMISSION RTOWN belt	13d. 1NSI	DE CITY LIMITS?	13e. STRE	5 Per	ss iwink]	le Co	urt		
14	FATI	HER'S NAME		44.15	DDLE	14	F.*		THER'S MAI			IDDLE		LAST		
		Harold				Fren	ch		Zoe		Ã	•		Staff		
16	e. WA	S DECEASED	EVER IN U.	S. ARMED	FORCES? OR DATES)		AL SECURITY I		DRMANT			ADDRESS		ess S	ame	as
							78 678	37 Zoc	A. F	rench			No#	13e.		
	1	8. CAUSE OF	DEATH (En	ter only on		ne for (o), (b), o								BETWEEN	IMATE IN	
		922		AEDIATE CA	1	Shotegu	in woun	id of ah	domen							
														+		
		Condition	is any	which	DUE TO, O	R AS A CONS	EQUENCE OF				7.1				4	
		gave rise	s, if any,	ediote	(b)											
		gave rise	e ta imme stating the <u>u</u>	ediote	(b)	R AS A CONS										
		gave rise couse (a): lying cous	e ta imme stating the <u>c</u> e lost.	ediote under-	(b) DUE TO, O	R AS A CONS	EQUENCE OF									
		gave rise couse (a): lying cous	e ta imme stating the <u>c</u> e lost.	ediote under-	(b) DUE TO, O	R AS A CONS	EQUENCE OF			PART 1 (a).						
		gave rise couse (a): lying cous	e to imme stating the <u>c</u> e lost.	ediote under- DITIONS CONTI	(b)	R AS A CONSI	EQUENCE OF		ITION GIVEN IN	PART 1 (a).	11			20. AUTO	OPSY?	
		gave rise couse (a): lying cous	e to imme stating the <u>c</u> e lost.	ediote under- DITIONS CONTI	(b)	R AS A CONSI	EQUENCE OF	AL DISEASE OR CONG	ITION GIVEN IN	PART 1 (a).						NO
	ERTIFICATION	gave rist cause (a): lying caus ART 2 OTHEB SIG 96. DATE OF (e ta imme stoting the c le lost. NIFICANT CONC OPERATION	ediote < under-	(b) DUE TO, O (c) RIBUTING TO GEAT	H BUT NOT RELATED	EQUENCE OF 0 TO THE TERMIN) HICH OPERAT	AL DISEASE OR CONG	ORMED?		JATURE OF INJU	URY IN ITEM 18:	PART 1 OR PAR	YES		мо 🗆
	CERTIFICATION	gave rise couse (o) lying cous ART 2 OTHEB SIG 90. DATE OF (e ta imme stoting the ce lost. NIFICANT CONC	ediote under-	(b)	H BUT NOT RELATED	EQUENCE OF 0 TO THE TERMIN) HICH OPERAT	AL DISEASE OR CONO TION WAS PERF	ORMED?	RED (ENTER N				YES		ио 🗆
	EDICAL CERTIFICATION	gave risc couse (a): lying cous ART 2 OTHER SIG 96. DATE OF (10. EXTERNAL INDERLYING ONTRIBUTIN 1d. INJURY O	PERATION CAUSE W. COURRED	DITIONS CONTI	(b) DUE TO, O (c) RIBUTING TO DEAT 19b. CONE 21b. TIME C HOUR C	H BUT NOT RELATED OIT ION FOR W OF INJURY M. MONTH C M. 1/11	O TO THE TERMINI HICH OPERAT DAY YEAR (AT HOME.	AL DISEASE OR CONO TION WAS PERF 21c. HOW INJU 2 Shot	ORMED? URY OCCURI	RED (ENTERN	tally	disc	harge	YES		
	EDICAL CERTIFICATION	gave rise couse (a): lying cous ART 2 OTHER SIG 90. DATE OF (10. EXTERNAL INDERLYING CONTRIBUTIN	PERATION CAUSE W. COURRED	DITIONS CONTI	(b) DUE TO, O (c) RIBUTING TO DEAT 19b. CONE 21b. TIME C HOUR C	H BUT NOT RELATE DITION FOR W DE INJURY M. MONTH I M. 1 1 M. 1 1	O TO THE TERMINI HICH OPERAT DAY YEAR (AT HOME.	AL DISEASE OR CONO TION WAS PERF 21c. HOW INJU 2 Shot	ORMED? URY OCCURI	RED (ENTERN	tally	disc	harge	YES RT 2)		STATE
	EDICAL CERTIFICATION	gave rise couse (o): lying couse (o): lying couse ART 2 OTHER SIG 96. DATE OF (10. EXTERNAL INDERLYING CONTRIBUTIN 1d. INJURY OF (WHILE AT WORK	e to immestating the Le lost. OPERATION L CAUSE W. OR G C CAUSE NOT WHILL AT WORK	DITIONS CONTI	(b)	H BUT NOT RELATE DITION FOR W DE INJURY M. MONTH I M. 1 1 M. 1 1	O TO THE TERMINA HICH OPERAT DAY YEAR 19 (AT HOME.	AL DISEASE OR CONO FION WAS PERF 21c. HOW INJU D Shot	ORMED? URY OCCURI	ciden	tally	disc	harge	YES RT 2) 2 d	()	STATE
	MEDICAL CERTIFICATION	gave rise couse (o): lying couse (o): lying couse ART 2 OTHER SIG 96. DATE OF (10. EXTERNAL INDERLYING CONTRIBUTIN 1d. INJURY OF (WHILE AT WORK	DPERATION CAUSE W. OR G. CAUSE W. AT WORK AT WORK y that I took	DITIONS CONTI	(b) DUE TO, O (c) RIBUTING TO DEAT 19b. COND 21b. TIME C HOUR STREET, FA	H BUT NOT RELATED OTTION FOR W OF INJURY M. 1/11 COF INJURY CTORY, FARM, ETC.	O TO THE TERMIN, HICH OPERAT DAY YEAR (AT HOME.)	AL DISEASE OR CONO TION WAS PERF 21c. HOW INJU D Shot 21f. LOCATION 105 Pe: Autopsy XX	ORMED? URY OCCURI gun ac	RED (ENTERN	tally	disc	harge lt Pr	YES RT 2) 2 d	()	STATE
	MEDICAL CERTIFICATION	gave rise couse (a): lying couse (b): ART 2 OTHER SIG 96. DATE OF (c) 10. EXTERNAL INDERLYING ONTRIBUTIN 1d. INJURY OF WHILE AT WORK 22a. I certify deoth resulte	DPERATION CAUSE W. OR G. CAUSE W. AT WORK AT WORK y that I took	DITIONS CONTI	(b) DUE TO, O (c) RIBUTING TO DEAT 19b. COND 21b. TIME C HOUR STREET, FA	H BUT NOT RELATED DITION FOR W DEFINITION FOR W M. MONTH E M. 1/11 OF INJURY CTORY, FARM, ETC. Rescribed obove	O TO THE TERMIN, HICH OPERAT DAY YEAR (AT HOME.)	AL DISEASE OR CONO TION WAS PERF 21c. HOW INJU O Shot 105 Pe: Autopsy XX, de , Ho	ORMED? URY OCCURI gun ac rriwin	RED (ENTERN	tally city or tow t. Gr Inquiry	disc	harge cou lt Pr d in my opi	YES RT 2) 2 d	()	STATE
	MEDICAL CERTIFICATION	gave rise couse (o): lying couse (o): lying couse ART 2 0THEB SIG 90. DATE OF (10. EXTERNAL INDERLYING CONTRIBUTIN 1d. INJURY O WHILE LY WORK 220. I certify	DPERATION CAUSE W. OR G. CAUSE W. AT WORK AT WORK y that I took	DITIONS CONTI	(b) DUE TO, O (c) RIBUTING TO DEAT 19b. COND 21b. TIME C HOUR STREET, FA	H BUT NOT RELATED DITION FOR W DEFINITION FOR W M. MONTH E M. 1/11 OF INJURY CTORY, FARM, ETC. Rescribed obove	O TO THE TERMIN, HICH OPERAT DAY YEAR (AT HOME.)	AL DISEASE OR CONO TION WAS PERF 21c. HOW INJU D Shot 21f. LOCATION 105 Pe: Autopsy XX, de , Ho	ORMED? URY OCCURI Gun ac Inspect micide	RED (ENTERNIER CIden	city or tow tt. Gr Inquiry	disc	harge lt Pr	YES RT 2) Rd UNITY Geo.	()	STATE
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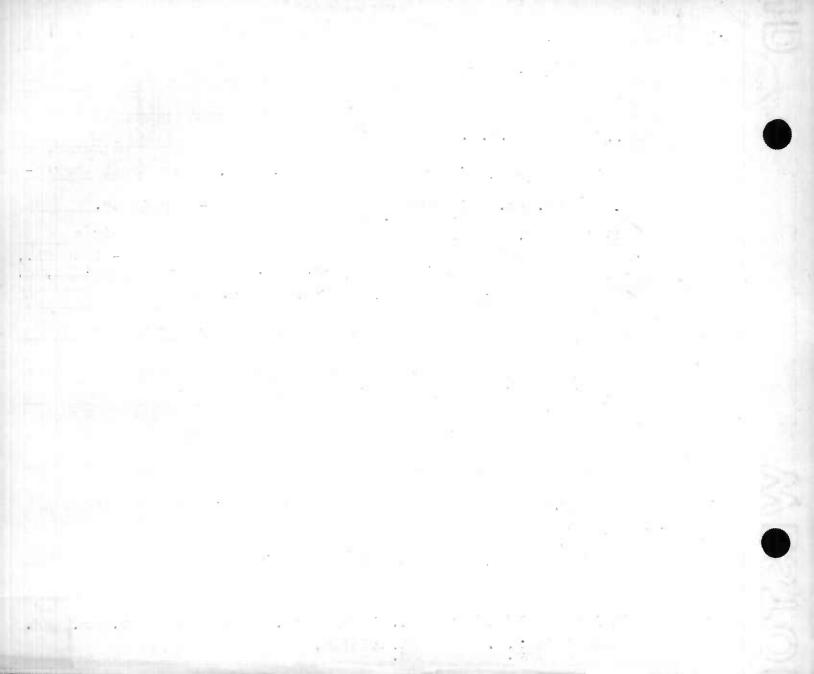
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	3 SE)		4 RACE	S. DATE C	DAY YEAR	& AGE JIN YEARS LAST BIRTHD	MONTHS DAY	
ouce.	7a. BII	THPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE		BALTIMORE CITY OR	COUNTY OF DEATH	-
2 Conffied or		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE			12d USUAL OCCUPATION (117FE OF WORK FOR MOST OF W	N 12b. KINE	D OF BUSINESS OR
	USUA 13a S	L RESIDENCE (IF NURSING HOME O		BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	rtis Dr.	
John John John John John John John John	14 FA	THER'S NAME Villiam	MDDLE H. Gill's	HUS.	15. MOTHER'S MAIDEN N			LAST LOS
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lease remove carbon popers. ial, cremation, or removal or other troumotic event, the i		PART I. DEATH WAS CAUSI	IN one couse per line for (o), IL ED BY: DUE TO, OR AS CONS (b) DUE TO, OR AS A CONS (c)	eshrf equence of	rote He	Failure aut Dises	ese 3	ROXMATE ANTENAL EN ONSE! AND DEATH MOUTH Syrs
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Hygiene 18 shows	L CERTIFICATION	1-25-87 210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	Aprile 216. TIME OF INJURY	anei	nyon	YES NO NO NORTH NATURE OF INJURY	IN CERTIFYING CAUS	SES OF DEATH?
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. of Heolth ond n 21 is morked		220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	oital) ottended the deceased f	19_8001		to		
Stote Dept.		226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	W. Jan	ton 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_ /_	25-80
with the	23a B	urial, Cremation, removal	L 23b. DATE		EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
I-16 20M 5, 4) 7/78	24 FL	Burial NERAL DIRENCE Name Name Name Name Name Name Name Name	1/29/1980 s F.H. ADDRE	3.7	inier, 256.D	Brentwo		



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4	27.2 00.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	3. SE)		5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UN AY) MONTH		S. 2c DATE PRONOUNCED DEAD		DAY YEAR 21 HOL
•	JECESSAR DINERALD FOR YO WITHIN 7	FC	RTHPLACE (STATEOR REIGN COUNTRY) orth Carolina	_	A .	8. MARRI	ED NEVER MARRIED DIVORCED	Prince	TY OR COUNTY	OF DEATH
	Z II () . >		TY OR TOWN OF DEATH	JA NAME OF HOS	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS!	OR OTH	11 me	USUAL OCCUPATION OR MOST OF WORKING LIFE)		b. KIND OF BUSINESS OR INDUSTRY CO-Super-
21201	AND 3 RETAIN HOULD FECORD		L RESIDENCE IF IN NURSING HOME TATE 13b. COUR	VIY	13c. CITY OR TOWN	Park		visor 709 - Gui		nance- Rd.
MD.	S 1. S 1.		THER'S NAME FIRST Murdock	MIDDLE	Gillis		15. MOTHER'S MAIDEN NA FIRST Mary	Jane	Cla	ı rk
BALTIMORE,	URS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES 1 AND DIVISION OR	16a V	No	WAR OR DATES)	577-26-1		Rubye H.LA	nore- abo		lress
ST.	N 24 HOUR 4 ITEM 18. 0 ALONG W T PERMIT. P YGIENE, DIV	100	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE	-		Cercinim	a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PRESTON	ZZYEŻZ	ř	Canditions, If any, which gave (ise to immediate	(b)	AS A CONSEQUENCE	OF				
301 W.	GCUTED WITH S" IN PENCIL AL EXAMINER BURIAL-TRANS AND MENTAL ON, OR REMOV		cause (a) stating the <u>under</u> lying couse last.	(c)	AS A CONSEQUENCE					
CORDS	MEDING MEDING AS A ALTH MATIC	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS							
VITAL RI	A PECHONIA	TIFICA	19a, DATE OF OPERATION		TION FOR WHICH OPER					20. AUTOPSY? YES NO
DIVISION OF VITAL RECORDS,	유토 O S 등 C	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEAR	?	OW INJURY OCCURRED (EN	ER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2	i)
DIVIS	WRITING WARDED T AGE 3 SHC TATE DEPAI	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		TATION TREET	CITY OR TOWN	COUNT	TY STATE
	LCATE, FOR TOR: POR THE S		22a I certify that I took char death resulted fram: Natu	ge at the remains designal caures		Autops		, Inquiry ,	and in my apini	ion
	X H C H X		ACTUAL AUGU	sto fix	dripos		DE (SPECIEX)	EDICAL EXAMINER	DATE SIGNED.	1-13-80
	EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	ed	EXAMINER'S NAME (TYPE OR PRINT)	nP. ROL	odicaez		ADDRESS 5009 Ro	y pum Con	ut Can	y Stuigs
/	MH-17 20M 1/73	(:	URIAL, CREMATION, REMOVAL PECIFY Burial UNERAL DIRECTOR	236. DATE 1/17/198	23c. NAME OF CE		Cometerv	Rockville		Md state
	VR A 15 ME (5))		Name Interior F.H.	Inc. Mt	. Rainie	c, Mo	1. 250. DATE REC'D.	2 1 1980	REGISTRADYS SIG	McCresdy

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	U REG. P	0	2	2	9	
DATE		_	DAY	YEAR	2b. 1	HOL

2	FOR STATE REGISTRAR		DEPARTME		IEALTH AND MENTAL HYG	REG. NO.	2 2 9 3
	1 DECEASED NAME FIRST	Mil	DDLE	ı	AST	28. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
	JAMES	В		GLE	ENN_	JANUARY 17 1980	6.30 PM
١	3 SEX	4 RACE	5	DATE C	OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
	MALE	WHITE		JUI		50 YRS.	ONING DATE MAN
7	Te. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		MARRIE	D WEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
ľ.	- ARKANSAS	U.S.	A.	VIDOWE	DI DINORCED	PRINCE GEORGES C	COUNTY MD.
-	10 ANDREWS ATRIH		DSPITAL, NURSING		OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
ľ	FORCE BASE	MALCOLM	GROW USAF	MEL	DICAL CENTER	CONSTRUCTION	MILITARY
-	USUAL RESIDENCE (IF NURSING HOME 138, STATE 136, COI	OR OTHE PRIME	IVE RESIDENCE BEFORE AD	MISSIONI	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	
7		RGES	CLINTON		YES NO X	10503 MULLIKEN D)R
	14 FATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAV	WE	LAST
Ë		TIN	GLENN		PEARL	CELESTIA	SELLERS
-	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRESS	
			486-30-64	38	EDITH E (WI	FE) SAME AS 13	
	18 CAUSE OF DEATH (Enter	anly one cause per li	ne far (a), (b), and (c	1,1	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cardia	c	arrest		
	2050	DUE TO, OR	AS A CONSEQUENCE	CE OF/	,	,	
	Canditions, if any, which	((b)	Paspe	ato	in arrest	RESOURIA	1-2 min
j	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUENCE	CE OF	ogenerus la	ukenia	12205
	PART 2 OTHER SIGNIFICANT		SUPPLES	-	NO RELATED TO THE TERM	inal disease or condition give	N IN PART 1(a)
	Bone 1100 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF A	EATH HOUR A.M	MONTH DAY	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT OR PART 2]
	4 F EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE	218 PLACE OF	F INJURY T, FACTORY, OFFICE, FARA	, ETC.)	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did)	n 17 00	un 19 8	-)	nd that in (my) (aur) apinian o	death occurred on the date and haur	9, that (I) (we) last and from the causes stated
	226 SIGNATURE	37.	Spean	ar	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	17 Jan 80
	Jestey	M. 5	sear			LM GROW USAF MEDI FORCE BASE MARYI	
	230 BURIAL, CREMATION, REMOVE BURIAL	Jan.21			emetery or crematory and Vet.Cen	236. LOCATION	

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other III

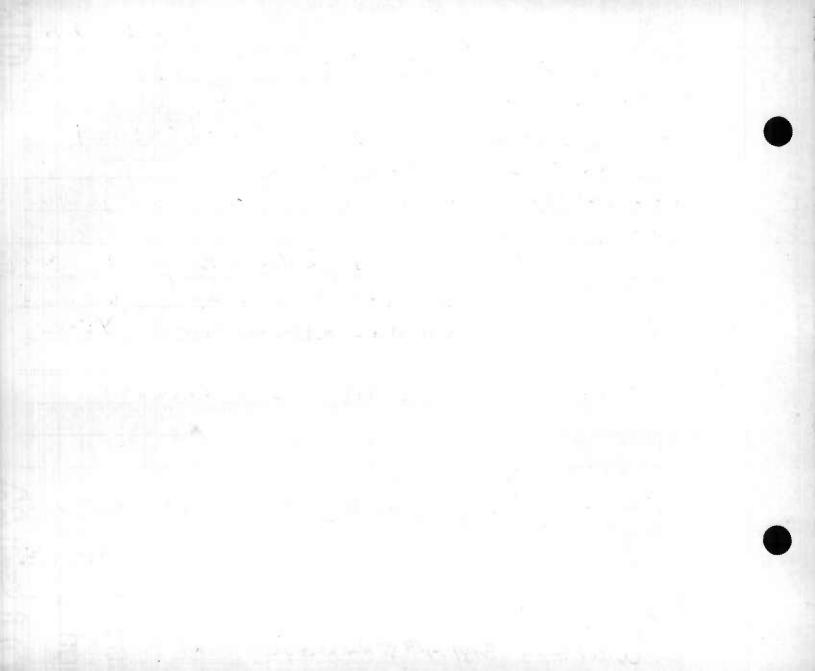
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14 FUNERAL HOME, CLINTON, MARYLAND

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

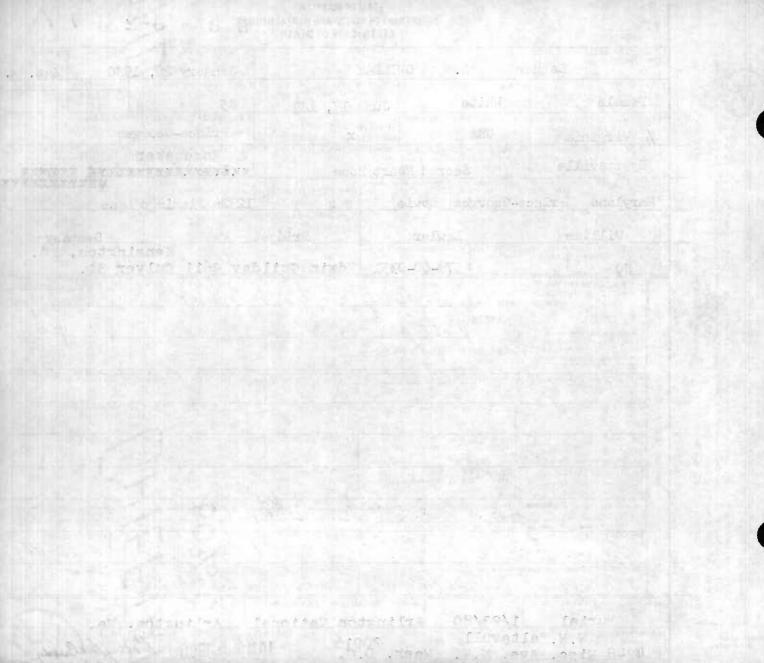
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O C C S L COL BRIDGE STREET . MALLIIW MATE: 8 08-10-16 211090: 1:090:1199 CHEVERLY PRINCE GEO. 105P. C.NED. CENTER 1 - CA - DIO \$ FNIC SHOCK ACLUTE RIVORBEDIAL INFARCTION of the little of the latest the l MIN " I DOWN TO STOR PT HOLD SON THAT



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) DATE PRONOUNCED DEAD NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED OR INDUSTRY Bus Driver P.G. County 1136 COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? Oxon Hill 7901 Locust Lane P.G. Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Lelia Burgess Scott Burgess Taylor 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. **ADDRESS** I (IF YES, GIVE WAR OR DATES) 578-38-2650 Alfred S. Hack (husband) Asin item 13a No CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c) PART I DEATH WAS CAUSED BY Leno concinoma Conditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Undetermined manner death resulted fram: TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUN
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA TYPE OR PRINT) 730 BURIAL CREMATION REMOVAL 1216 DATE National Mem. Park 6160 Oxon Hill Rd. Oxon Hill Md. **DHMH-17** (VR A15 ME (5)) 15M 7/76

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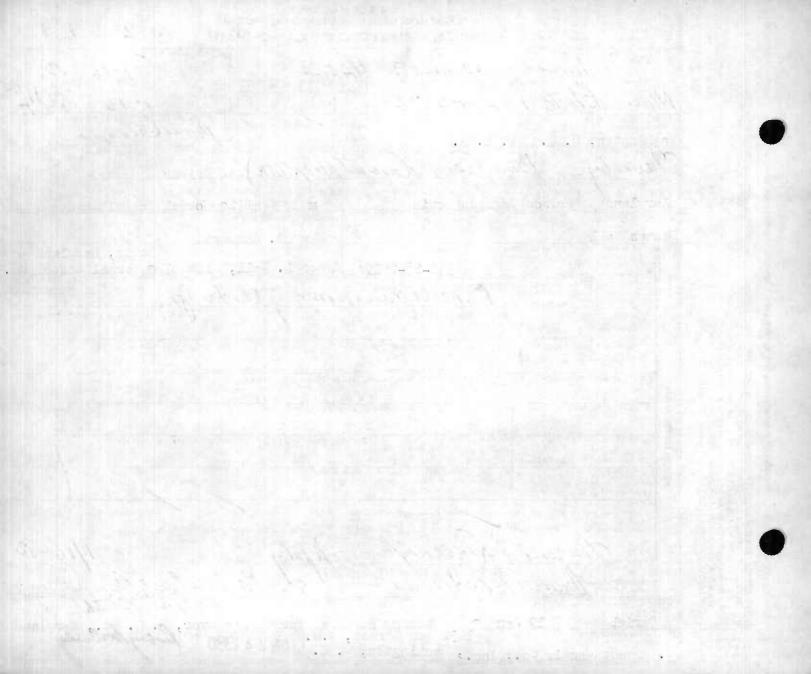
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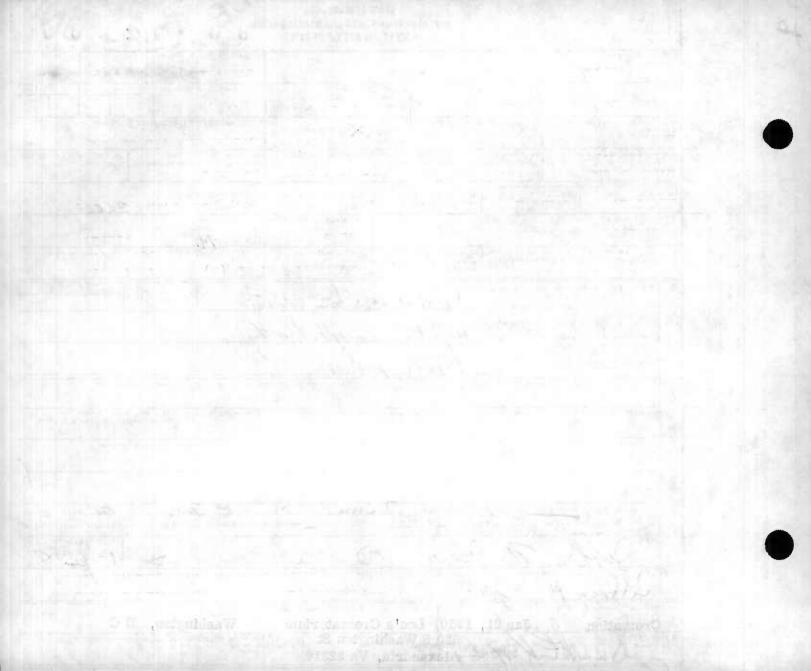
No 578-36-2550 Alfred S. Hok (hughen) lein item 136

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN [(TYPE OR PRINT) OF ESTI-Judson DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington. WIDOWED DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Cab Driver NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Bowie Normal School Road 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ALIDIDLE MIDDLE FIRST LAST homas Hall 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESOWIE, Maryland 66. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Agnes L. Hall. Wife 8720 Normal School CAUSE OF DEATH (Enter only one couse per ne for (o), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcin mag IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTAENT OF YES NO [71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, If. LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 22a. I certify that I took charge of the remains democed above, held on and in my opinion Autopsy Inspection Undetermined monner deoth resulted from Notural causes Suicide Homicide DIREC TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATUI (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY SPECIFY) Burial Harmony Memorial Landover Park N.W. 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH-17** Inc., Washington, (VR A15 ME (5)) Ernest Jarvis Co.. 15M 7/76

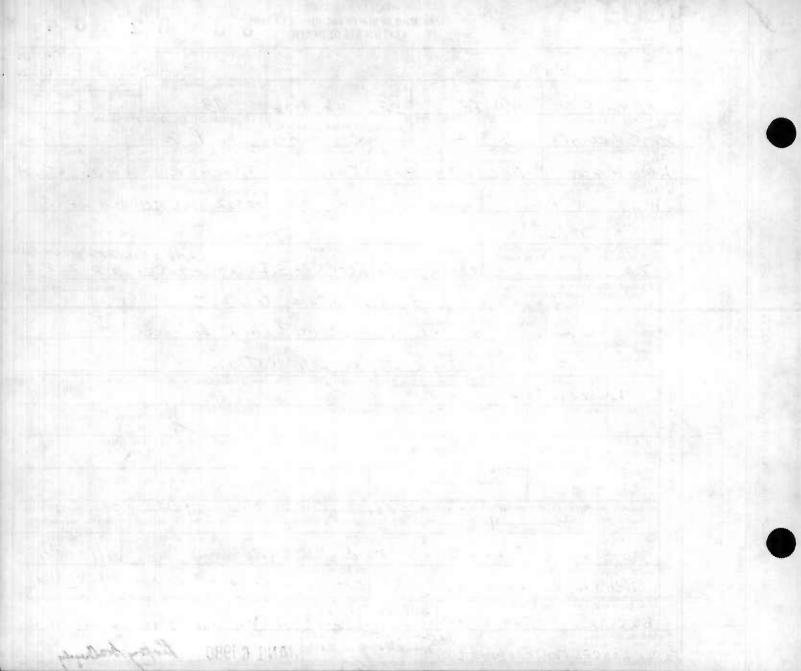




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	1. DE	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	24. DATE OF DEATH MONTH	DAY YEAR 26 HOUR a.
a seed		Avis	0	HAZLET	T	Januar	ry13,1980 12:35a
- 0	3 SE	x	4 RACE	5 DATE		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
ector s aff		FEMALE	WHITE	DF		13 YR	
al dir. P		RTHPLACE (STATE OR FOREIGN OUNTRY)	TE CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
in 72		EST VIRGINIA	11.5, A.	WIDOW		P. G.	MD
with a 2	10 C	AN IT AN	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TEACHER	
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oval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (c	ol, (b), and ici.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ribo mm		42772	DUE TO, OR AS A CO	ONSEQUENCE OF	. 0		
tion tr	10	Conditions, if any, which	(16) Al 11	ULL MIN	asteve h	earl failur	e
ema		gave rise to immediate couse (a), stating the	, , , , , , , , , , , , , , , , , , , ,		0	0	
l, cr		underlying cause last.	DUE TO, OR AS A CO	MILA, ATA	in libril	entrin	and to the second
uria ury		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT		NOT BELL TO THE YEA	MINAL DISEASE OF CONDITION	CINENUM DART IV-
to b	Z	Remedia	Lis CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	SIVEIN IN PART 110
rior rior	FICATION	190 DATE OF OPERATION	LISE CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
ne pr	문					IN CER	RTIFYING CAUSES OF DEATH?
ygien ygien	E	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tale HOW IN HIPV OCCU	YES NO	YES NO
transit p tal Hygie Item 18		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	THE HOW INJUNT OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	IE, PART LOR PART 2)
le l	V	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
the bur and M arked	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
the har	~	AT WORK ON AT WORK					
e as is r	1	22a I certify that (1) (this hospit	al) attended the decease	ed from/	103 19 50		
of H		sow the deceased alive on above (II)(we) (did ki did not			nd that in (m) (our) opinion	n death occurred on the date and I	hour and from the couses stated
DIRECT hed for u Dept. of If Item 2		22b. SIGNATURE	view the body ofter dea	th.	DEGREE		122¢ DATE SIGNED
		U U	War	- 2	ATTENDING	MEDICAL STAFF	IN DATE STORED
deta tate	1	Millean K	· rarab	nos, r	- PHYSICIAN	DIRECTOR PHYSICIAN	1113/80
FUNEHALLI vuld be detach h the State D PORTANT: I		224. PHYSICIAN'S NAME (TYPE OR			220 ADDRESS	1	- Bure, Hd.
should be detace with the State		Gillian K.	Karatiuc	15, MD	3231 Super	ior Lane Suite A	20715
Sho with	23a	SURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY		
	1	BURIAL	JAN. 16, 198	DEFFERL	Y HILLS IAL GARDENS		nonGALIA W. Yau
	24 F	UNERAL DIRECTOR	2001110			ATE REC'D. BY REGISTRAR 256. REG	
VH-16 25M	1	NAME	Al	PORESS QUE TE	, mo. 2080 IA		to hand
A 15, 4) 1/79	FL	ECK LAUREL FUNI	FRAL HIME, IN	c.	JA	N 1 6 1980	- Crody



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

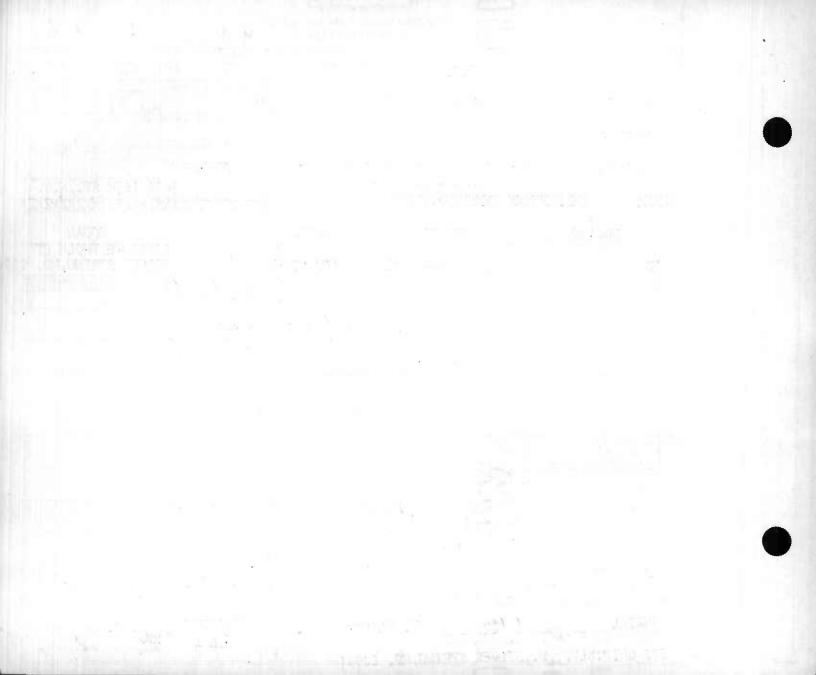
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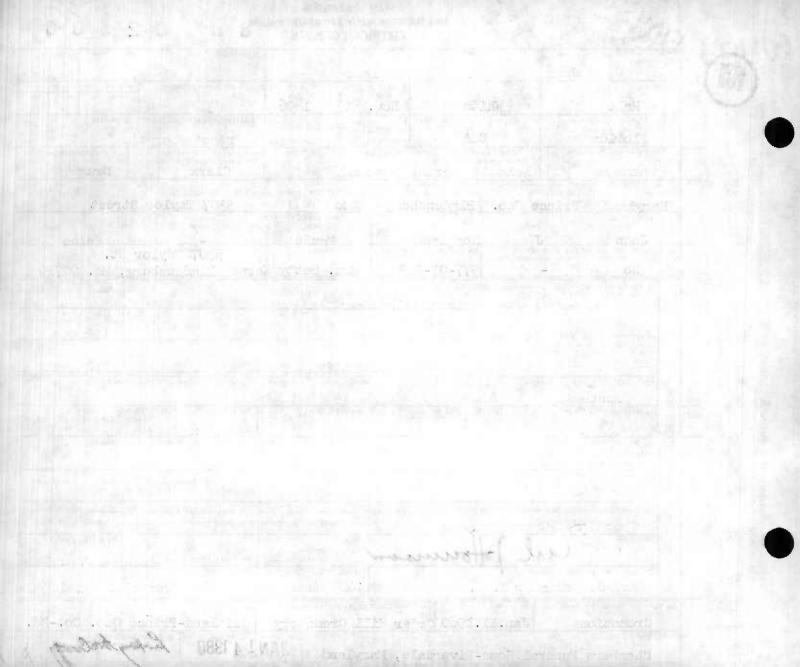
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STATE OF MARYLAND

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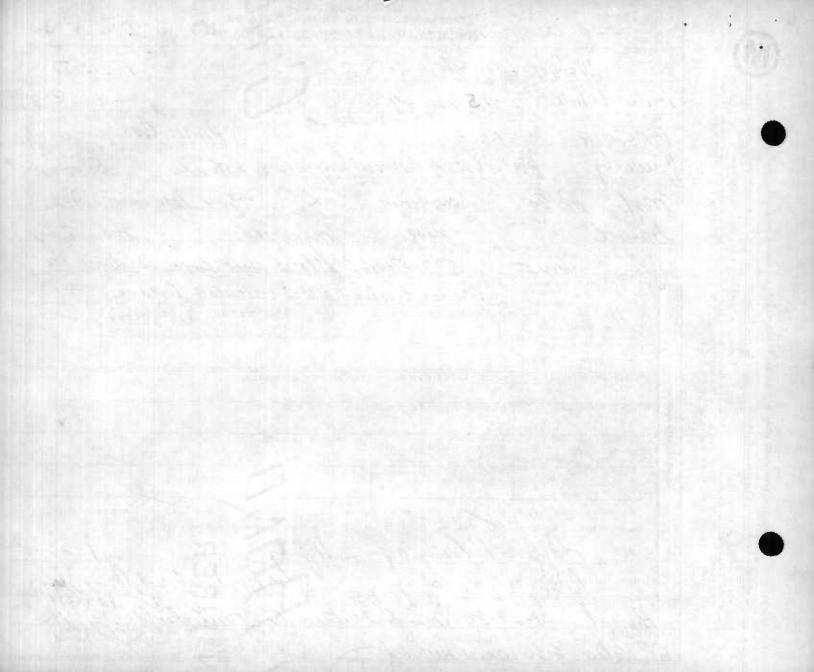
-4			STATE OF MARYLAND		
	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	2 3 0 7
m.e	1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deoth	MARY		HICKEY	01 29	80 3:46P.)
1	Female	RACE Caucasian	1.2 20 /890	6 AGE (IN YEARS LAST BIRTHOAY) 9 YR	MONTHS DAYS HOURS MIN
o 77 bou	PR. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) WASHINGTON. D.	7. CITIZEN OF WHAT COUNTRY C. U.S.A.	MARRIED NEVER MARRIED W	9 BALTIMORE CITY OR COUN	
by the fulled with	Olinton	11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GME STREE Southern Ma	ryland Hospital	TIZE USUAL OCCUPATION ATTORNEY ATTORNEY	G LIFE) 12% KIND OF BUSINESS OR
filled in ould be	USUAL RESIDENCE (IF NURSING HORE 130 STATE 131 CO	OR OTHER INSTITUTION, GIVE EXPENSE AND LINES OF THE PROPERTY O	13d. INSIDE CITY LIMITS?	LU STREET ADDRESS 3636	16TH ST., N.W.
and 2 sho	14 FATHER'S NAME FIRST EDWARD	MIDDLE HICKEY	15. MOTHER'S MAIDEN NA	AME MIDDLE	HOĜAN
rs. Pages 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 578-64-	URITY NO. 17 INFORMANT C		J30 WESTHOLM CT LVER SPRING, MD.
n signed by the ottending Then please remove carb ta burial, cremation, ar i njury, ar ather traumatic		DUE TO OP AS A CONSERVE TO CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
prior ony	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
s certificate has burial-transit per Mental Hygiene or Item 18 shows	OR CONTRIBUTION CONTROL	DEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2}
the ond ked	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIRECTOR.	saw the deceased alive	spital) ottended the deceased from on	DEGREE	death accurred on the date and l	19
should be detect with the State De IMPORTANT, If I	PHYSICIAN'S NAME (TYPE)	E OR PRINT)	172 ADDRESS 330P	MEDICAL STAFF DIRECTOR PHYSICIAN	1. w')
å 5å ₹ ₹	230 BURIAL, CREMATION, REMOV	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	236 LOCATION	
BP	BURIAL	2/2/80	AT OLTUET	WASHINGTON _	COUNTY STATE
DHMH-16 20M	24 FUNERAL DIRECTOR FRAN	CIS J. COLLING	250. DA	TE REC'D. BY REGISTRAR 256. REG	TRAR'S SIGNATURE





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NO. 12.	1	FOR Items 18a. Film	# 5 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	11.	STATE 2-7-80 al	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 1 0
(M)		CEASED NAME PERST	Daniel HOOE 20. DATE KNOWN & MONTH OF ESTI- DEATH MATED	DAY YEAR 25 HOUR M
ARY PLEA I DIRECTOR YOUR FILES TON STREET	3. SI	Male Comte DATE		YEAR 26. HOUR 8:36
NECESS S FOR WITHI	3 70	IRTHPLACE (STATE OR PRESCH COUNTRY) IRGUNIA	4.S. A WIDOWED DIVORCED Prince Gerry	OF DEATH COUNTY MD.
PAGE PAGE	40	heroly to	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORL) 121 USUAL OCCUPATION (TYPE OF WORL) 121 USUAL OCCUPATION (TYPE OF WORL) 121 USUAL OCCUPATION (TYPE OF WORL) 122 USUAL OCCUPATION (TYPE OF WORL) 123 USUAL OCCUPATION (TYPE OF WORL) 124 USUAL OCCUPATION (TYPE OF WORL) 125 USUAL OCCUPATION (TYPE OF WORL) 126 USUAL OCCUPATION (TYPE OF WORL) 127 USUAL OCCUPATION (TYPE OF WORL) 127 USUAL OCCUPATION (TYPE OF WORL) 128 USUAL OCCUPATION (TYPE OF WORL) 129 USUAL OCCUPATION (TYPE OF WORL) 129 USUAL OCCUPATION (TYPE OF WORL) 120 USUAL OCCUP	or industry
F ANY AND 3	5 130.	AL RESIDENCE OF IN NURSING HOME OR OTHER IN STATE 130 COUNTY R. GOO.	13c. CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS NO 7304 Dominion	2 An.
E, MD.	0 0	ATHER'S NAME MIDDLE	Hove minne mo	untjay
BALTIMOR URS AFTER 1 B. GIVE PAC WITH FORM DIVISION O	1 160.	WAS DECEASED EVER IN U.S. ARMED FOR YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D)	577-07-0965 Bloria Hove pance as ites	m 13
TED WITHIN 24 HO 4 PENCIL IN ITEM 11 XAMINER ALONG ALTARINER PENMI ALTARINE FERMI ALTARINE FERMI OR REMOVAL.		Canditians, if any, which gave rise to immediate	(internosalees to ander Vasculer) servare	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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₹ 98±294	CERTIFICATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
0 4 3 8		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR HOUR A.M. MONTH DAY YEAR P.M. 19	(2)
HIS WR VAR AGE 201	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, EARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COU	NTY STATE
XAMINER: 1 ERTIFICATE, ID BE FORW IRECTOR: P WITH THE ST	6	22a. I certify that I taak charge of the death resulted fram: Natural cause ACTUAL SIGNATURE		1-24-80
10 MEDICAL E. EXECUTE THE C. PAGE 4 SHOU TO FUNER! AFTER DEATH, V. BALTIMORE, MA	<u> </u>	(TYPE OR PRINT)	P. Rodolguy DONES 5 849 Ray pum Court, Can	7 Spengs
1407BP		SURIAL CREMATION TEMOVAL 236. DATE 1-2 OMERAL DIRECTOR	9-80 1250. DATE REC'D. BY REGISTRAR 255 AGGISTRAR'S ST	S. Mo
-DHMH - 17 (VR A15 ME (5)) 15M 7/76	E	F. Kolas 6,60	OXON HILL Rd. JAN 2 8 1980 history /	Credy



FOR STATE REGISTRAR			TATE OF MARYLA OF HEALTH AND M INER'S CERTIF	MENTAL HYGIEN	23 22	2311
1. DECEASED NAM	PHILIP	MIDDLE K.	HOOKER		20. DATE KNOWN OF ESTI- DEATH MATED	ACTIVITY OF YEAR
3. SEX. Male		OF BIRTH 6 AGE (NYEARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR
70 BIRTHPLACE (FOREIGN COUNTRY) Vermont	STATE OR 7b. CITIZ	EN OF WHAT COUNTRY?	1	IEVER MARRIED DIVORCED	PINCE (TE	OR COUNTY OF DEATH
CHEVERL USUAL RESIDENCE 130. STATE	Y PR		MERAL HOSPI		ACTITUTE (146	PE OF WORK 121D CHAP OF AUGUST
35 STATE Maryla	nd Prince Ge	ITIUTION, GIVE RESIDENCE BEFORE ADA	13d INSIDE		K Ridge Ro	oad
Josep	h S.	Hooker	Ca	HER'S MAIDEN NAME	MIDDLE	Fassett
160. WAS DECEASE LYES NO, OR UNKN	ED EVER IN U.S. ARMED FOR (OWN)			E. Hooke	Same as	
cause (c lying ca PART 1 OTNER	o) stating the <u>under-use last</u> . DLUSE LOST. DIGNIFICANT CONDITIONS CONTRIBUTION ACCOUNTS OF THE USE OF THE	(b)	TERMINAL DISEASE OR CONDITI			20 AUTOPSY3
2 10 EXTERN	AL CAUSE WAS 211 G OR ING CAUSE OF DEATH	a. TIME OF INJURY A.M. MONTH DAY Y P.M. 1-9 19			LATURE OF INJURY IN ITEM 18 1	YES 🗆
ONTRIBUT 21d. INJURY WHILE AT WORK		E PLACE OF INJURY (AT HOME STREET, FALTORY, FARM, ETC.)	5-/C /C	Edge Road	E, Greunge	1+ Pr Genge
WHILE AT WORK	ify that I taak charge of the re	mains described abave, held a	n Autapsy .	Inspection ,	Inquiry , an	nd in my apinian
	Acces 12	Accident of,	1000	SPECIFY) Z	ermined manner ,	DATE SIGNED /-30
ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Augusta	PROCHEUG 12 ROCH GUG	M.D. De	SPECIFY) A MEDI		DATE SIGNED 1-30

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Hyattsville, Maryland

(VRA 15, 4) 1/79

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THE BRANCH	8 3.1		Mole	11.0

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY 7h HOUR (TYPE OR PRINT) OF ESTIames KENNET DEATH MATED 4. RACE DATE OF BIRTH IF LINDER 1 IF UNDER 24 HRS DATE PRONOUNCED 30 DEAD /-To BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY rainla WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS EOR MOST OF WORKING LIFE! OR INDUSTRY TIREO 60V AND 2 SHOULD B USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, G 13a. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 600 YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW TI CAUSE OF DEATH (Enter only one couse per, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIA YES NO [PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE DIRECTOR 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Adgusto P. Rorrigdez.M.D. (TYPE OR PRINT) ADDRESS 5009 Rayburn Ct. Camp Springs Md. 20031 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY 23d LOCATION COUNTY STATE BP CHELTENHAM 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

Time George NO MARKET SALES AND A CONTRACT COMPANY OF COMPANY THE REAL PROPERTY OF THE PROPE The state of the s E Plant Bulletin Commence of the Commence of t

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTIames 6. AGE (IN YEARS | IF UNDER 1 YR. DATE PRONOUNCED DEAD MARRIED NEVER MARRIED WIDOWED DIVORCED 15. MOTHER'S MAIDEN NAME MIDDLE FINNIS 7. INFORMAN' EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse pell of for (a), by and (c). PART I DEATH WAS CAUSED BY: Cardidlax IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains rescribed above, held on Autopsy Inspection and in my opinion Hamicide Undetermined manner death resulted fram: Notural causes TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 TYPE OR PRINT 125b. REGISTRAR'S SIGNATURE DATE RECOD BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/76

PATRICIA IN THE WORLD The Story Raymers Co. . Carp Springer 20020 Minorato I. Today was A. I. .. within 24 hours af

executed

requires that the death certificate be

TO HOSPITAL ON ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

STATE OF MARYLAND	
IT OF HEALTH AND MENTA	LHY
ERTIFICATE OF DEATH	

1	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 Q	0	2 3	15
	ECEASED NAME PE OR PRINT!	FIRST		MIDDLE		AST	20. DATE OF DEATH			26 HOUR
	R	ALPH	CUI	RTIS	HU	TTON	JANUARY 2	9, 198	0	1:45P
3. SE	Male		Caucas	s ia n	5. DATE C	DAY YEAR	6 AGE IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
	BIRTHPLACE (STATE OR FO COUNTRY)	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	Prince G	R COUNTY		M
	Lanham	ТН	(IF NOT IN SUC	H FACILITY, GIVE STREET	NG HOME (Pr. Geo. Co.	120 USUAL OCCUPATE ITYPE OF WORK FOR MOST O Research	F WORKING LIFE)		OF BUSINESS OR
13a	ual residence is nurs state Maryland	136 COUN	OTHER INSTITUTION,		E ADMISSION)	134. INSIDE CITY LIMITS? YES K NO	130. STREET ADDRESS 9442 Wash:			
1	FATHER'S NAME FIRST Valter		MIDDLE	Huttor	n	15. MOTHER'S MAIDEN NA. FIRST Lula	ME		Bea:	-
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. AR I IF YES, GME 1927	MED FORCES? (WAR OR DATES) -193/	579-58	-7453	17 INFORMANT Margaret Hu	tton Same	**	13	
CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	eg the lost	DUE TO, OI	Congash ENTEROTING TO Mellet	CLOVE RENCEST V Q DEATH BUT	Congestive Congestive Congestive Carden in you NOT RELATED TO THE TERM N WAS PERFORMED	Alast Last Last Last Last Last Last Last L	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS UNE OR CONTRIBUTING ()	CAUSE OF DEA		M. MONTH D	PAY YEAR	21c HOW INJURY OCCUR	YES NO RED JENTER NATURE OF INJUI	YES		NO []
MEDICAL	214 INJURY OCCUR	RED	21s PLACE			211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	22e I certify that (I) sow the decease above, (I) (we) to	ed olive on	1/29	7 19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the di	FF	ond from the	
1	224 PHYSICIAN'S N	AME ITYPE O	e Print)	Va		212 ADDRESS DISCA	tauty R	d		
	224 PHYSICIAN'S NA	OMA	123b. DATE	KO,	MD	22e ADDRESS 9/3/ Pisca EMETERY OR CREMATORY	Chaton 1234 LOCATION	MD	20	735

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 12 mouth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

9013 Annapolis Rd. Lanham, Md. 20001 W Dr

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3	FOR - STATE	Za, FilmGb		DEPARTMEN	T OF HEALT	MARYLAND H AND MENT CERTIFICA	479	-53 /	1 2	Z 1	7
	REGISTRAR DECEASED NA		neth	MIDDLE Ear		Isler	TE OF BE	20 DATE KNOWN OF ESTI- DEATH MATED	7	DAY YEA	AR 2b HOUR
3.	sex male	4. RACE black	5 DATE OF BIRTH	YEAR LAS	E (IN YEARS IF UT BIRTHDAY) MON		UNDER 24 HRS.	20. DATE PRONOUNCED DEAD	MONTH	DAY YE	2d. HOUR 12:35
74 35	BIRTHPLACE FOREIGN COUNTR	C.	76. CITIZEN OF W	HAT COUNTRY?	8. MARI WIDO	RIED NEVER	MARRIED X	9. BALTIMORE CI	George George		
4	Chever ly	7		George 1	lospita	HER INSTITUTION	FOR	UAL OCCUPATION MOST OF WORKING LIFE) TVeyer	(TYPE OF WORK	NONE	JSTRY
5	Be STATE Md		or other institution, G			YES N		4 Marchy	Avenue		
0	4. FATHER'S NAV Will: 60. WAS DECEAS	iam SED EVER IN U.S. AR	Popes MED FORCES?	LAST	ECURITY NO.	15. MOTHER'S FIRST Mar 17. INFORMAN		ADD!	Isl	er	
DIVISION OF	Yes, No OR UNK	OF DEATH (Enter or	WAR OR DATES)	243-80		Mrs. Ma	arie Jo Parkway	hnson/mot #1,Distr	her/68	10 Dist	trict yate interval
	gove couse lying o	ions, if ony, which rise to immediate (o) stoting the <u>under</u> ouse lost.	(c)	AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	ENCE OF	ASE DR CONDITION GIVI	VEN IN PART 1 (a).				
1	190. DATE O	OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	D?			20. AUTOP	PSY?
		NAL CAUSE WAS		A. MONTH DAY		HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR P		
	CONTRIBU 21d. INJUR WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT I TORY, FARM, ETC.)	IOME. 211. L	OCATION STREET		CITY OF TOWN	co	YTNUC	STATE
	22a. I ce	ertify that I took char ulted fram: No	Couses D.	Accident .	Suicide	Homicide TITLE (SPEC	ant MEC	Inquiry , termined monner .	ond in my o	1/2	20/80
BALTIMORE, M.	EXAMINER (TYPE OR P	RINT)	mez R. Gu			_ADDRESS		n Street,	Balto.	,MD 212	201
	30. BURIAL, CREA (SPECIFY) Bur		1-26-80		of CEMETERY urch	OR CREMATORY	CIT	OCATION FORTOWN Goldsbord Y REGISTRANGALO	COU GIS TAR'S	SIGNATURE	STATE
J	ohn T.	Rhines ©	., 3015015	2th St.,	N.E.,		JAN 2	9 1920	Pinta	. hon Pr	rody

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FOR

REGISTRAR

74 FUNERAL DIRECTO

Stewart

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Benning Road, NE

REG. NO

YEAR

80

PUSTRY

2b. HOUR

126 KIND OF BUSINESS OR

Apt. D

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

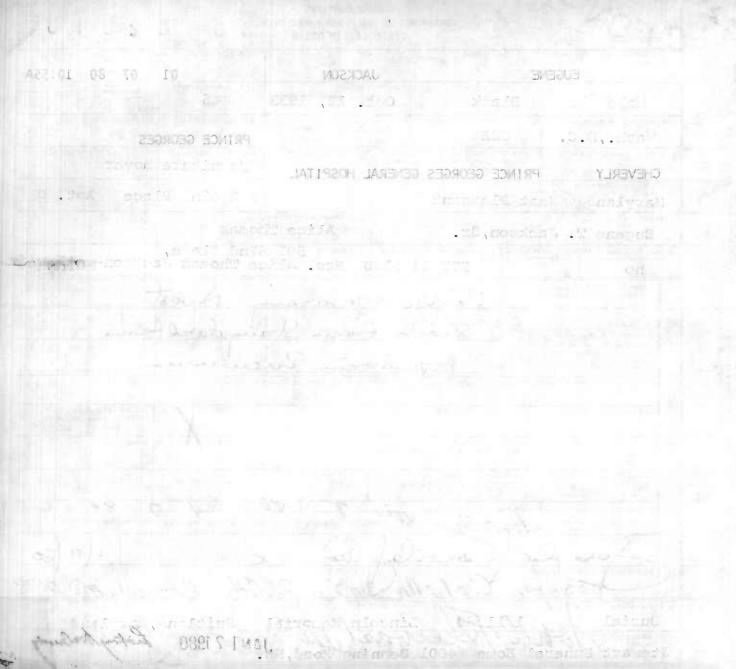
COUNTY

22c. DATE SIGNED

LAST

10:55A

IF UNDER 24 HRS HOURS



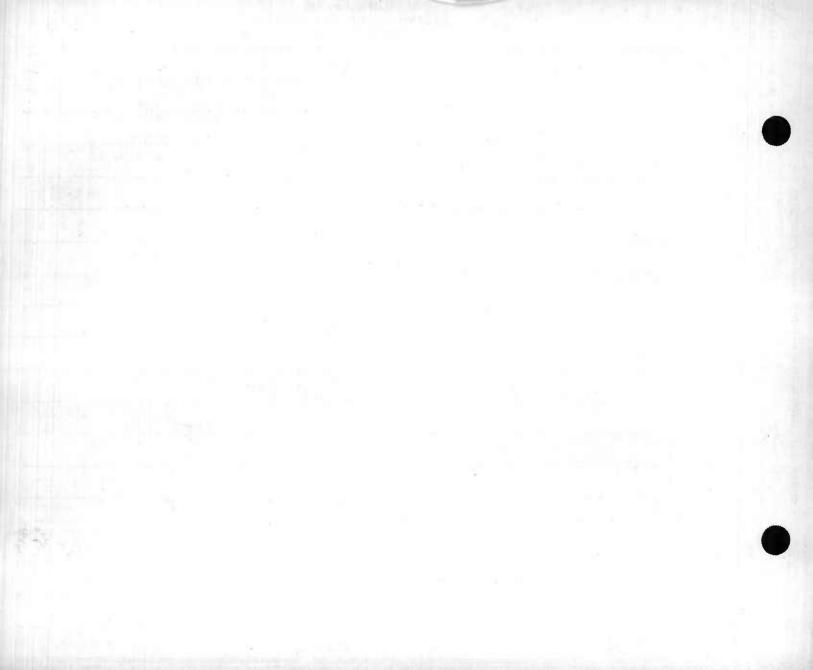
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN 2 (TYPE OR PRINT) DEATH MATED DATE PRONOUNCED 'Oct. 27, 1899 80 RS DEAD TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNTY OF DEATH Maryland U.S.A. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Own Home Prince George General Hospital Housewife Cheverly 13d. INSIDE CITY LIMITS? 13. 6728 Parkwood Street Maryland Prince Geo. Landover 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Russell George D. Farrell Mary 16h SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN LIF YES, GIVE WAR OR DATES 579 07 9757 Joseph A. Jackson Same as #13 (Husband) 18. CAUSE OF DEATH (Enter only one cause perfine for (a), (b), and (c). enos chritic cen de Vos eules de sea PART I DEATH WAS CAUSED BY DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? YES -21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, EARM, ETC. CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Homicide ___ Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) Deputy EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRE 5009 Rayburn Ct., Camp Springs, Md. 20031 230.BURIAL, CREMATION, REMOVAL 236. DATE Ft. Lincoln Cemetery Md. SPECBurial 1/9/80 Brentwood, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. DHMH - 17 (VR A15 ME (5)) Hyattsville, Maryland

15M 7/76

STATE OF MARYLAND

acceptant investing Billion and the contract of the contract o Thirting! CONTRACT TO SUPERIOR MADE IN LIBERTY TO STEE Manager of the state of the sta and the second second that

	1				STAT	E OF MARYLAND			
	1	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. NO.	0 2	3 2 0
		CEASED NAME FIRST		MIDDLE		AST 1	20 DATE OF DEATH M	ONTH DAY	YEAR 26. HOUR
		Ma	sel		200	cobs	11	18	80 775
	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD		UNDER I YEAR # UNDER 24 H
8		nale	Negro		June		91	YRS	
9	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	S. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR	COUNTYO	FDEATH
0		irginia	U.S.A		WIDOW		Prince Ge	orge's	5
990	10,0	SPAM DE OF		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12h KIND OF BUSINESS
be o	USU	AL RESIDENCE (IF NURSING HO				PULL TI	Seamstress		Private
184/17			YINUC	13c CITY OR TOV		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	3.T T.T	
- Je	_	. C		Washing	ton	YES X NO	6428 8th St	. N.W.	
(Com		FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST
_	-	nknown was deceased ever in u.s	A BANED EO BOESS	166 SOCIAL SECT	IBITY NO	Mary 17 INFORMANT	ADDRES	\$	Lloyd
S medico	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	11.			6403	Vista	Butte
the m		No		578-26-5		Wejay Bundara	, Nephew, San	Antoni	o, Texas 78
# ,#		18 CAUSE OF DEATH (Enter PART). DEATH WAS CA	er only one cause pe	er fine for (o), (b), or	nd (c).)				BETWEEN ONSET AND DEAT
event		IMME	DIATE CAUSE (0)	Cevebro	vas	culan ace	ille		45 un
froumotic		436-	DUE TO, O	OR AS A CONSEQU	ENCE OF	0			
0 00	1	Conditions, if ony, which		aluere	reed	a ferres de	ero		year
or other tr		gave rise to immediate cause 1a1, stating the underlying couse lost	DUE TO.	R AS A CONSEQU	ENCE OF				/
injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICA	and I	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN	IN PART 1(a)
8 shows ony	13	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, Y	VERE FINDINGS USED NG CAUSES OF DEATH?
Shows	Ē						YES NO	YES	
8 Q	1 8	218. ACCIDENT WAS UNDERLYING		OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART	1 OR PART 2]
	13	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C	DEATH	P.M.	19				
morked or them	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TOWN		COUNTY STATE
ked	2	WHILE ONOT WHILE O	(AT HOME, S	TREET, FACTORY, OFFICE,	FARM, ETC.)	SIREE	CITYORIOWN		COUNTY STATE
e o		220.1 certify that (1) this h	ospital) attended/t	he deceased from	-	19 10	9 10 1/2	19	HO that (I) (we)
2		sow the deceased alive	1/6		0.	nd that in (my) (our) opinion	death occurred on the date	ond haur a	nd from the couses stated
E		22b. StGNATURE	d not) view the bod	y olter death.		DEGREE			22c. DATE SIGNED
# hem	H	(Wexes	un			ATTENIDING	MEDICAL STAFF		16-8119
Z-	-	224 PHYSICIAN'S NAME (T	OF OR OBJECT			22e ADDRESS	DIRECTOR PHYSICIA	<u>и</u>	Just 6 9 (1)
ORT,		TDED	CFOK	101111	MI	115 11 00	4 1	0-1	m
MPORTANT		1. BEK	TERM	HUV	1	1113 Ctor. 100	Up Treenex	VT.	MA
_	230	BURIAL, CREMATION, REMO SPECIFY) Burial				Momoria 1	CLEY CHION	Dr di	Marylan
_			yan. 1	L2, 80 Li	ІСОТИ				
MOS	24 F	UNERAL DIRECTOR	alle -	AOO MORESSA-	- Nπ _∗ 7	Tarach DO	EREC'D BY REGISTRAR 25	b. REGISTRA	R'S SIGNATURE
7/78	Mc	Guire Funeral	THEILY:	400 Ga.AV	e.IW,	wasn. DC	.000		Jer Wisely



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	, NO.	MONTH	DAY	YEAR	7b HC	DUR
OF ESTI-	URS	1-	26	19 8	2	М
DATE NOUNCED DEAD		MONTH -	26	19 8	33	M

TO BIRTHPLACE INTATEOR FOREIGN COUNTRY) Denver, Colorado USA

MARRIED NEVER MARRIED DIVORCED WIDOWED .

126 KIND OF BUSINESS 120 USUA OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY

OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 13b. COUNT 13c CITY OR TOWN

13d INSIDE CITY LIMITS? 13e. STREET ADDRESS

NO K 15 MOTHER'S MAIDEN NAME

Delores

6804 Ingraham Street

Bedgood

None

MIDDLE Raymond 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

16h. SOCIAL SECURITY NO None

Riverdale

Jenkins

17. INFORMANT Mr. Raymond V. Jenkins/father/same as

None

No 13e 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: & 4cors DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [

210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED

WHILE AT WORK

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME,

STREET, FACTORY, FARM, ETC.)

211 LOCATION

Autopsy

Hamicide

and in my apinian

STATE

FOR - STATE REGISTRAR DECEASED NAME

Md.

4 FATHER'S NAME

Undetermined manner

216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

73s BURIAL CREMATION REMOVAL 73s. DATE 1-30-80 Arlington National

Suicide

CITY OR TOWN

Burial 14 FUNERAL DIRECTOR **DHMH-17**

(VR A15 ME (5))

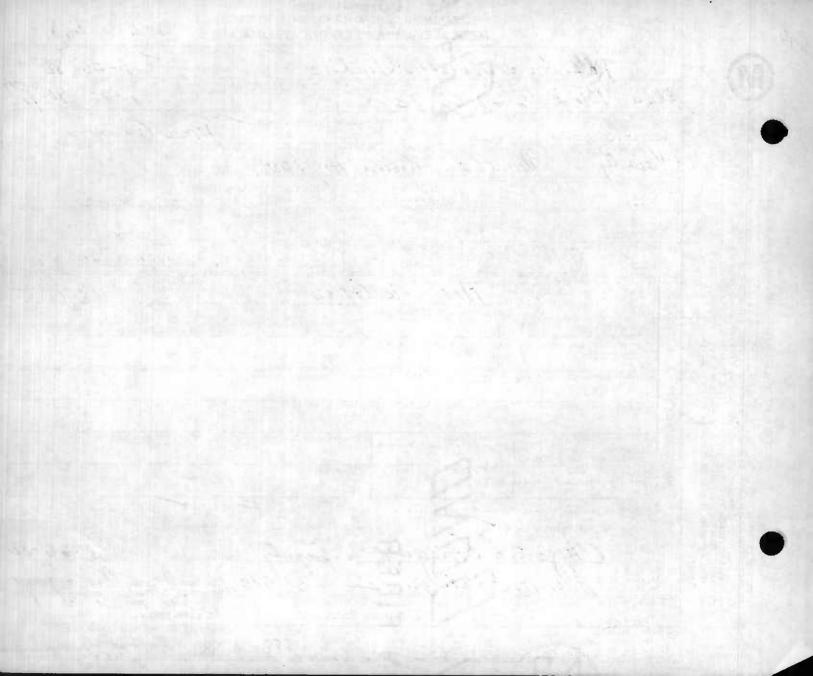
15M 7/76

220. I certify that I took charge of the remains described above, held an

John T. Rhines Co., 3015 12th

25a. DATE RECID. BY REGISTRAR 25h.

REGISTEAN'S SIGNATURE



STATE OF MARYLAND medical Examiner FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH - LAST (TYPE OR POWER . WILLIAM JETER n have bedy to SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH MALE WHITE JAN. 1890 10 O. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Texas Prince Georges U.S.A. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR RET. ATTORNEY MANOR CARE NURSING HOME HYATTSVILLE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDINESS PRINCE GEO. MARYLAND HYATTSVILLE 6700 BELCREST ROAD YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE SALLY MARION PUGH JETER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ed (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WW 1 Mary T. Jeter Same as #13 (Wife) 579 56 1577 YES S 69 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for to 1, 1b , and c PART I DEATH WAS CAUSED BY el Effusion Pers cardial IMMEDIATE CAUSE CONSEQUENCE OF and Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DIVISION OF VITAL RECORDS, mass (orange Mediastinal 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Perf curdial 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING VOCAUSE OF DEATH HOUR A.M. MONTH DAY YEAR Examini (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED NEVEL 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ 1-29-80 sow the deceased alive on. .. and that in (my) (cor) opinion death occurred on the date and hour and from the causes stated obove, (1) (did) (did) (did not) view the body ofter death. edi. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1-30-80 22e ADDRESSO 22 22d PHYSICIAN'S NAME (TYPE OR PRINT) Colesville Rd ld b atrick III MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY 2/1/80 Riverside Cemetery Mangum Oklahoma 24 FUNERALPRETICE'S Gasch's Sons Funeral Home, P.A. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VRA 15(4)) Hyattsville, Maryland

. . Mary I. John Thomas on 21 1 (1976) Seen this - Independent Present three but tens Finance true, ... hundred affire sorthund

the state of the state of Principal and the little of the principal atom the little of Statement of Alberta I. 1 9073 Amery State Mr. Emilian, Mr. 200 01 Mr. 10 80 4 1980 1 1980

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79

01 13 80 2:00 20 9101, 21 326 PRI'CE SE REE'S COUNTY MESSIT INTELL CHEVERLY PRINCE GEORE'S GENERAL HOSPITAL . I. I. for the L. 5 =77600132 :aonu lian camball anu libra 1010 100 and condine some 12.27 72 1 13 27 1-19.80 A Molavi TA LOS Landows Rd chierly My THE ATTENDED AT 17, 1930 LINUS AT 30 ILL

1			STAT	E OF MARYLAND			3 43 84	
1.	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYC	REG. NO	L-s/ them	3 2 3	
	CEASED NAME FIRST	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 25 HONG	
(112	Gwendo:	lyn	Jo	hnson	Jan. 19	. 1980	20	
3. SE		RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER I YEAR IF UNDER 24 HRS	
	female	Black	Aug	31, 1927	52	YRS.	THS DAYS HOURS MIN	
	IRTHPLACE (STATE OR FOREIGN)	b CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
	rth Carolina	USA	WIDOW		Oxon Hi	ll.Pri	nce Georgeo.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126 KIND OF BUSINESS OR	
0:	xon Hill	6188 Oxon Hil	1 Rd	•	Maintenance Worker			
13a.	STATE 131 20UN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	113e STREET ADDRESS			
1	Washington, D	.C. Washin	gton	YES NO	3301 15tl	n st.	S.E.	
14 F	ATHER'S NAME	IDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
	Alexande	Exum		Maggie	MIDDLE		Lowe	
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y		RITY NO.	17 INFORMANT	ADDRE	SS		
L	no		2730	Melvin Pa	tterson,	Jr.	#13	
	18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and	d (c				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I DEATH WAS CAUSED IMMEDIATE		rdia	c Arrythmia			l hour	
	4380	DUE TO, OR AS A CONSEQUE						
	Conditions, if ony, which	((b) Conge	stiv	e heart fai	lure		3 months	
100	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying cause last	(c)						
7		ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
9	Hyperten					4		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VE AS	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART	1 OR PART 2)	
14	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	TEAR					
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOV		COUNTY STATE	
2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE	CITY OR TOV	114	COUNTY STATE	
	22a. I certify that (I) (this haspite	al) attended the deceased from_	8010	/ 27 1979			80 . that (f) (we) lost	
	sow the deceased alive on above, (I) (we) (did) (did not	, ,	90	nd that in (my) (our) apinion	death occurred on the de	ate and hour o	nd from the couses stated	
	22b. SIGNATURE			DEGREE			22c. DATE SIGNED	
	PW	um, m	na	ATTENDING PHYSICIAN	MEDICAL STAI		1/19/80	
1	22d PHYSICIAN'S NAME (TYPE OR			22e ADDRESS				
	P. Wisotsky,	M.D.		6188 Oxon	Hill Rd.	Oxon	Hill, Md.	

MPORTANT: If Item 21 is 230. BURIAL, CREMATION, REMOVAL (SPECIF Burial 236. DATE 1/25/80

23c. NAME OF CEMETERY OR CREMATORY Wash. National

23d LOCATION CITY OR TOWN Suitland. STATE

d. Md.
b. RIGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR W.W. Taltavull 4748 Wisc. Ave. N.W. JAN 2 5 1980 20016 Wash. D.C. Wisc. Ave. N.W.

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

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15 18 1 The follow			afall. Y.T.	

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WEST YORK MAN NEW YORK STORY SAFETY OF THE STORY The Mark State of Sta 17 19 -7 1 / 3 1 mg

01-03-80 7:10 8 Y-11-4 . ACC! The second of the second 2,708,74,70 134 PRINCE GEORGE'S CENERAL NOSPITAL MAINTENANT REPORTED TO THE REPORT OF THE PRINCE OF TH CHEVERLY Mireland Ir. George Clinton | x | 6267 languaged o Aventy Tracet Clayton | Leal | Largaret | L. | Cream 229-37-3365 Villiam II. Kallaw Entr as E X12 F-PULMONARY ENLOCISM AND INFANCTION CARCING NATUSIS the survey of the liver in the distriction laws . sinal a vountializatellan 7,19800heltenham Vet. Con. Cheltenham F.C. Mt. 6633 Uld Havender Ferry Rd. Elyton. Md.

	Ľ	FOR STATE REGISTRAR		PARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		2 9
page 3		CEASED NAME FIRST CATHER	A RACE	lls 5. DATE	Kemp DE BIRTH	_	en 21 1	YEAR 26 HOUR PM
	1 0	Female	Cou white		DAY 1897	82		DAYS HOURS MIN
1 135		RTHPLACE ISTATE OR FOREIGN DUNTRY MARY / AND	76 CITIZEN OF WHAT COU	MARRIE WIDOW	DIVORCED DIVORCED	PRINCE S	George	MD.
by the fulled with		or town of death urestville	(IF NOT IN SUCH FACILITY, GIV		Home	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	custry at home
hin 24 hou sly filled in should be neamust be	130. S M.=	AL RESIDENCE (IF NURSING HOME OF THE LAND COUNTY AND CHARLES NAME	NTY 13c CITY O	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	13e. STREET ADDRESS Poynton		
ond 2		FIRST	Reed Wi	lls	Mary	Louise	E	Bowling
be execut	16a. V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE NO	E WAR OR DATES)	1 SECURITY NO. 74-1418	Mr. B.B.Ke	ADDRE	ne. Mary	/land20693
physicia on paper emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	nly ane cause per line ar (a), ED BY: TE CAUSE (a)	(b), and ic	· Alend For	elue	В	APPROXIMATE INTERVAL FTWEEN ONSFLAND DEATH
the death ce the attending emove carb emotion, or re er traumatic		Canditions, if any, which gave rise to immediate cause (a) stating the	DUE TO, OR AS A COM	ussell	cole Heart	Risease		5 yeur.
been signed by the right. Then please prior to burial, creative ony injury, or other	ATION	underlying cause last	(= 10)	AG TO DEATH BU	NOT RELATED TO THE TERM			PART 1(a)
he k on. hos t pee	CERTIFICATION			THE TOTAL		YES NO	IN CERTIFYING C	NO [
PHYSICIAN: T ending physici this certificate to burial-transind Mental Hygi dar Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2)
this he by nd M	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	ZII LOCATION STREET	CITY OR TOV	vn cou	INTY STATE
hospital or att		22a 1 certify that (I) (this haspi saw, the deceased alive an			nd that in (my) (aur) apinian	, ta death accurred an the do	ate and have and fr	, (., , -,
T T T		776. SIGNATURE	affalla			DIRECTOR PHYSIC	FF	c. DATE SIGNED
HOSPI bined b FUNE ould be th the Si		Robert M	Nedzbala		5620 St.	Barnabas	Rd. Oyon Hi	iel, md.
P	- (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1-24-1980		TEMETERY OR CREMATORY Inatius Chur	23d LOCATION CITY OR TOWN	Pt. Cha	rles MD.
NH - 16 50M 7/77 (VR A 15 (4))		uneral director rehart Funera	al Home, În	c. La E	Plata, MD. JA	REC'D. BY REGISTRAR 1980	256. REGISTRAR'S	Meliody

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STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME 2a DATE KNOWN TYPE OR PRINT DEATH MATED IF UNDER 24 HRS PRONOUNCED DEAD O BIRTHPLACE (STATE OF Virginia U.S.A. DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK OR INDUSTRY Retired 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George Hyattsville 5631 Sargent Rd. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Betty Samuel Newton Keyser Kevser 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 228-01-9505 Anna Marie Hoagland Same as 13e No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per fine (ar, (a), (b), and (c).) eiters chrote Cardeo Wored to Beard PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES E 3 SHOULD BE E DEPARTMENT PRIOR TO BURJA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains governed above, held an Autopsy Inspection ond in my opinion deoth resulted from: Suicide Homicide Undetermined manner Notural causes TITLE (SPECIFY) Deputy 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME Augusto P. Rodriguez.M (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION (SPECIFY) Burial Union Chapel Cemetery Hot Springs 24. FUNERAL DIRECTOR **DHMH-17** IVR A15 ME (5)) ves Funeral Home, 2847 Wilson Blvd., Arlington 15M 7/76

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FOR - STATE REGISTRAR

ATTENDING PHYSICIAN: The law

within 24

1 DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO DAY

YEAR

26 HOUR

MONTH

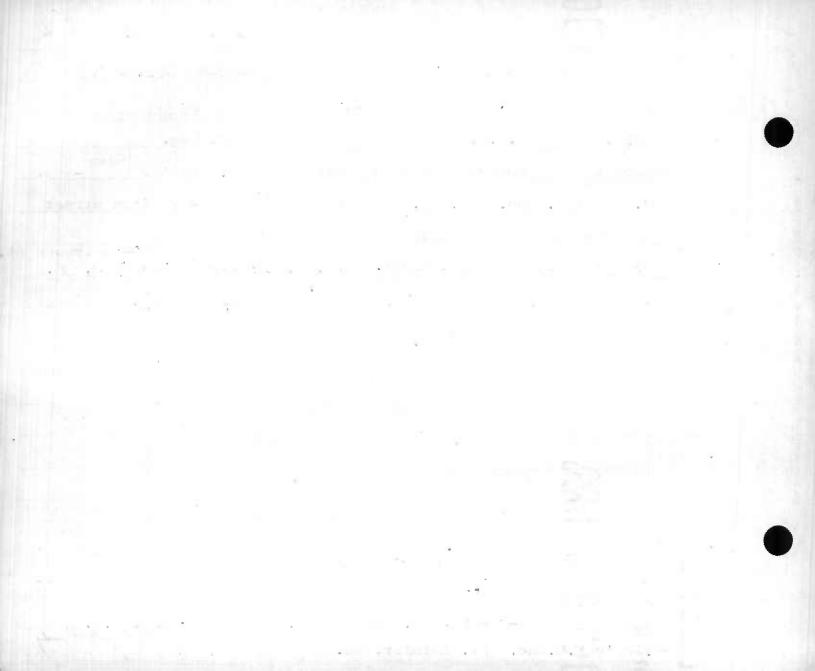
20 DATE OF DEATH

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TO HOSPITAL

	1.	FOR STATE REGISTRAR			DEPAI		ICATE OF DEAT		ENE 8 UREG. N	0 2	2 3 3	5 2
		CEASED NAME F	WST 1)	1 1	MIDDLE	i	AST			MONTH OA		. HOUR
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70	Gr	eenbelt					g Home	- 1	Ret. Cas		INDUSTRY	
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34		1.00	COUNTY		W. H		134. INSIDE CITY LIV		1405 -	Madie	on Str	1004
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	MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY		21f. LOCATION					
	¥	WHILE AT WORK AT WORK		(AT HOME, ST	REET, FACTORY, OFFI	E, FARM, ETC.)	STREET		CITY OR TO	VN	COUNTY	STATE
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		226 SIGNATURE	.1	1	///	14	DEGREE				22c. DATE SK	GNED
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1		224 PHYSICIAN'S NAMI	E (TYPE OR PR	INT)	1	1	22e ADDRESS	_		/	1 1	/
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	230 E	SURIAL, CREMATION, REA	MOVAL	236. DATE	13	NAME OF	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATE
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м		JNERAL DIRECTOR						25e. DATE		256. RECKIP	SELECTION OF THE PARTY OF THE P	Bready
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	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	0 2	3 3	6
		CEASED NAME ORPRINT	Joh		M.	Lal	AST C e	REG. NO. 20 DATE OF DEATH MOD January 16,			PM "
	3. SE	Male		4 RACE Wh	ite	S. DATE C	rch 17,1898	AGE IN YEARS LAST BIRTHON	MONTHS YRS	DAYS HOU	NDER 24 HRS JRS MIN
01	Ň	RTHPLACE ISTATE OR FOOD	,	USA		MARRIE WIDOWE	NEVER MARRIED	Prince Geo	rge¹s	ATH	MD.
33		Lanham		Prince	e Georg	ge s Do	ctors Hosp	TIZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		USTRY C.	Gov ¹ t
35	136 5	AL RESIDENCE (IF NURS	13b COUN	Geo s	College	e Park		13. STREET ADDRESS 4604 Hart	wick I	Road	
12		James		AIDOLE	Lake		Laura	T,	E	ckroth	1
1	ye	VAS DECEASED EVER	IN U.S. AR	WAR OR GATES	217-09	9=0959	Dr. S. Jane	Lake (wife	-	as bl	
		Conditions, if any, gove rise to imm couse (o), stotin underlying couse	which nediote g the	E CAUŞE (a)	R AS A CONSEC	OUENCE OF	e arnot	dias		yea	y
9	CERTIFICATION	PART 2 OTHER SIGN	Lei	es s	Islu	rehi	NOT RELATED TO THE TERM NOT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY? 20	ION GIVEN IN F ID IF YES, WERE IN CERTIFYING O YES	FINDINGS I	USED DEATH?
9	MEDICAL CERT	218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC) 218. INJURY OCCURR	TH HOUR A.	M, MONTH M.	DAY YEAR	21c HOW INJURY OCCURR					
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		saw the decease above, (I) (we) (d 22b. SIGNATURE	ed olive on lid) (did	Januar	y 16 19 after death.	<u>80</u> .,	od that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAFF	220		es stated NED
1		22d PHY CHANS NA		vitsky,	M. D.		22e ADDRESS	e Island Ave			
	23a E	BURIAL, CREMATION, SPECIFY Burial		23b. DATE 1/19/8	2.		EMETERY OR CREMATORY ncoln Cem	23d LOCATION CITY OF TOWN Brentwood	COUNTY		STATE

DHMH-16 20M
(VRA 15, 4) 7/78

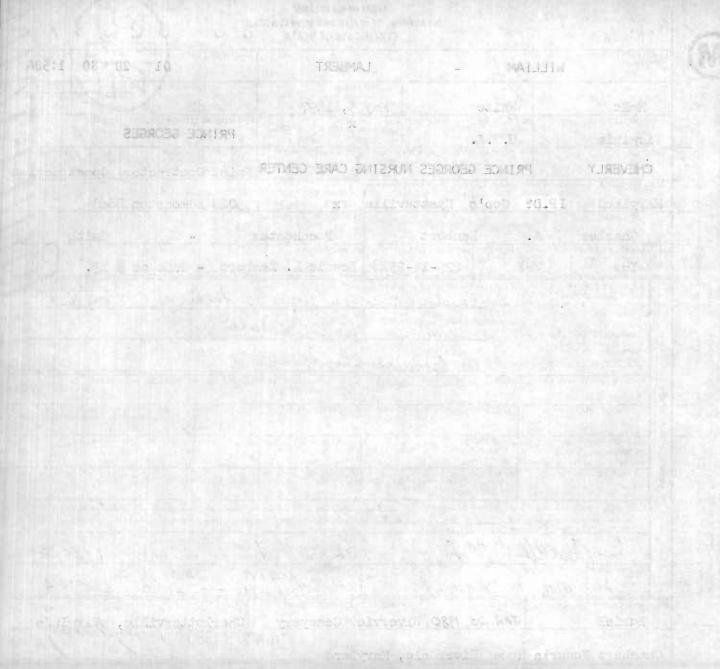
Tancis Gasch's Sons, PA Hyattsville, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Chambers Funeral Home Riverdale, Maryland

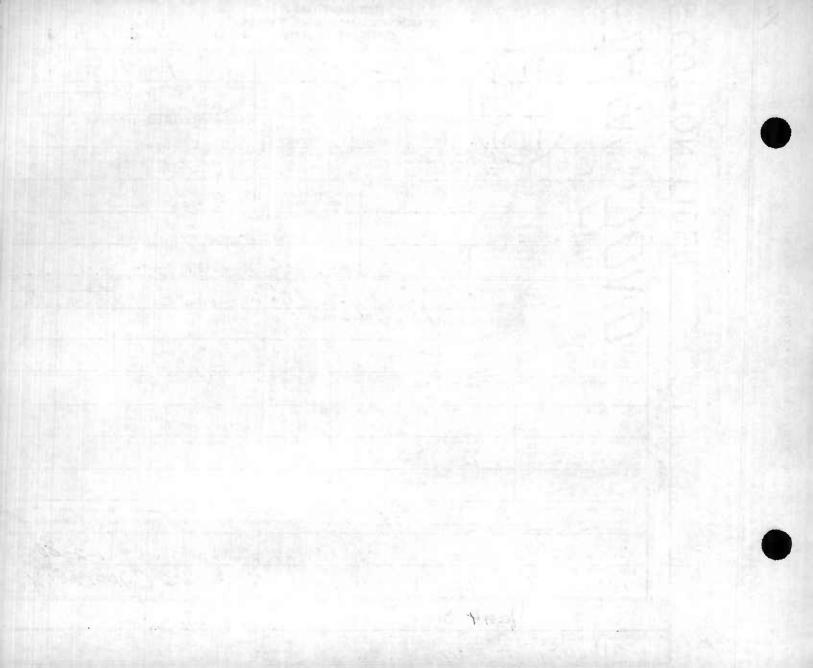


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 31, 1980 2:30 Edda R Larimore January IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS. 3 SEX HTHOM YEAR HOURS FEMALE 26 1906 ω HTTF DFCTo BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) DIVORCED T Prince George's OHTO WIDOWEDIV IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Eugene Leland Memorial Hospital Riverdale SUPFRUTSOR MONTICO FIFM SCHOOLS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e STREET ADDRESS 1136 CITY OR TOWN 13d INSIDE CITY LIMITS? YES V NO [MARVIAND GEORGES HVATTOUTLIF 4102 WOODBERRY STREET 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE DAVID DEF RFFS ANNA MILLER ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) 212-32-9143 LARRY E. LARIMORE SAME AS 13 SON NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last arcinomotosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Adenocorcinom & Meft our 110c/ sh NOK YES T NO F 21c HOW INJURY OCCURRED | JENSER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DEATH HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 1980 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR FOWN COUNTY STATE NOT WHILE AT WORK 220 I certify that (1) (this haspital) attended the deceased from Del saw the deceased alive an___ and that in (my) (aut) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TO FUNE 4404 Queensbury Rd., Riverdale, Md. 20840 W. W. Eastman, M. D. 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL CITY OR TOWN BURIAL 12/80 GEO. WASHINGTON ADELPH1 PRI GEO MD. 24 FUNERAL DIRECTOR FRANCIS J. COLLINSADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** 1980 (VRA 15, 4) 1/79 500 UNTV RIVD W. STIVER SPRING MD.

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SAME AS 13 MISON	LARIMORE	2-9145- LARRY E.	2-312	DM

	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO	02339
y be death		CEASED NAME Grace	MIDDLE	Lee	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7:30PM
Page 4 may be director, page 3 hours after death	Ja Bi	EMALE	NEGRO CITIZEN OF WHAT COUNTRY?	JAN, 26, 1878		HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS. R COUNTY OF DEATH
deoth.	No C	PUNTRY) ARYLAND IXOR TOWN OF DEATH	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	PRINCE 120 USUAL OCCUPATION	SEORGE MD.
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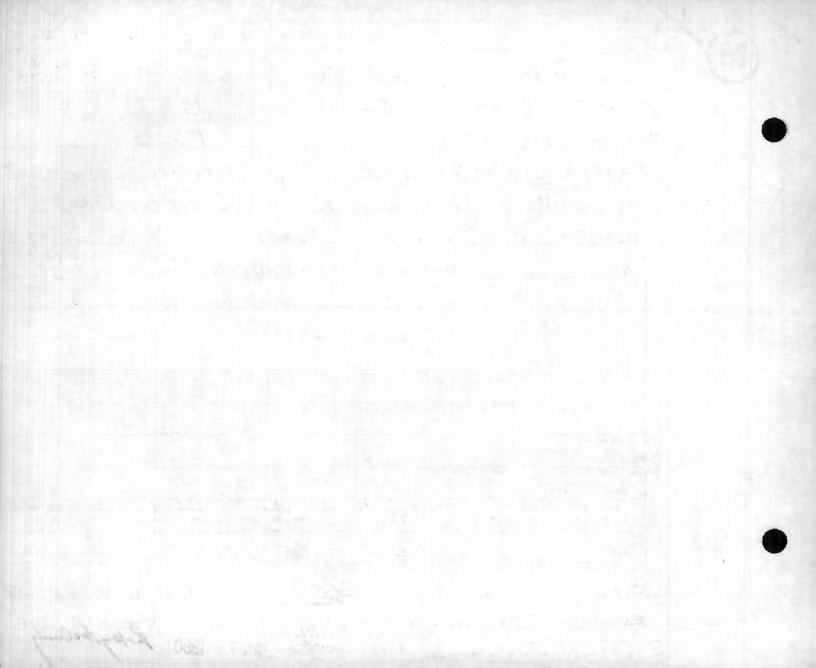
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TO MEDICAL E FEXECUTE THE OF PAGE 4 SHOU TO FUNERAL A TO FUNERAL I BALTIMORE, MA	-	EXAMINER'S NAME ALLE US	to P. Rodr	juez,M.D.	ADDRESS	Rayburn Ct., Camp	Springs,Md.20031	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOU (TYPE OR PRINT) JOHN 80 1 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 1932 STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY JERAL RETARY MANUFACTURE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION P.G. LAURE 16101 JERALD ROAD 4 FATHERS NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST F JOSEPH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 138-24-7560 DANIEL J. LIBERTO LAUREL MD. 20810 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY METASTATIC carcinoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which de wocaveinous gove rise to immediate cause (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [Нуді 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21f LOCATION ā 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 12-22 saw the deceased olive on. and that in (my) (aux-apinian death accurred an the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22 DATE SIGNED STAFF ATTENDING MEDICAL should be detr with the State IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL ENTOMBMEN GATEOGHEAVENCEM. SILVER SPRINK MOST. 24, FUNERAL DIRECTOR DHMH - 16 60M 1/75 HOLMED, M. FLECK HAUREL, MD20810 (VRA 15 (4)) FLECKLAUREL FUNERAL HOME INC.



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iw requires that the death certific	een signed by the attending physiciar. Then please remove carbon papers. For to burial, cremation, or removal. any injury, or other traumatic event.	NOI	Conditions, if any, which gove rise to immediate couse to is stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	CARDIAS RAS A CONSEQUE RAS A CONSEQUE	NCE OF	AIL URE NOT RELATED TO THE TERM				MATE INTERVAL ONSET AND DEATH
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ATTENI	ECTOR: or use a of Heal		278 I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (and the	S SAN	19 8	4)	d that in (my) (aur) opinion o	to 3 VAA			that (I) (we) lost couses stated
TAL OH A the hospit	ached e Dept		276 SIGNATURE	rine			ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	3 JA	SIGNED N 1980
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	MH-16 25M A 15, 4) 1/79	24 FI GE	UNERAL DIRECTOR DROE P KALAS FU	NERAL H	OME ~ RB, 6	160 O	XON HILL 250 DATE	RECID. BY REGISTRAR			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR O DATE KNOWN OF ESTI-(TYPE OR PRINT) Dennis 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE PRONOUNCED 56 YRS BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington D C US OR INDUSTRY SGovernment Supervisor 4. FATHER'S NAME MIDDLE Colburn Louk Anna McDermott 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mt Rainier, Md. 578 40 2055 Gladys L Louk Yes 18 CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c) interio scherotes landis buscular desca PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED AT WORK AT WHILE COUNTY CITY OR TOWN STREET, FACTORY, FARM, ETC.) 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Accident L Hamicide Undetermined manner Natural couses DATE SIGNED. XECUTE THE CAGE 4 SHOU MEDICAL EXAMINER GUL 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE Cedar Hill Cemetery Jan 23, 1980 Suitland Pro Georges 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** F. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5)) 15M 7/76

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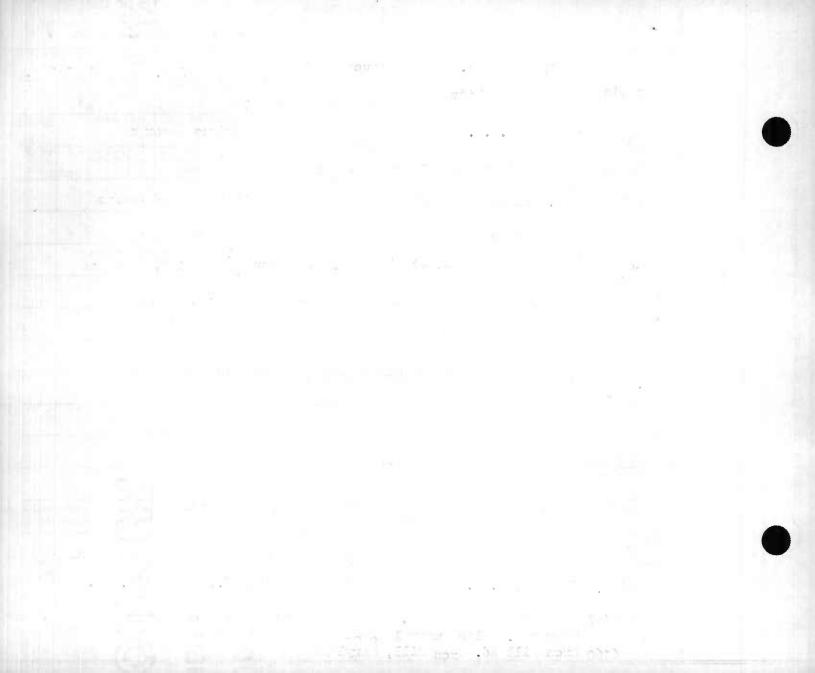


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 28 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) John MARSHALL 1980 C JANUARY 8. 12:37a.m 4 RACE 5 DATE OF BIRTH 3. SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS DAY YEAR 2,1908 Male Caucasian Jan TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVERMARRIED Prince George's ULS.A. Washington. D.C. WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors' Hospital of Pr. Geo. PEPCO Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
138. STATE 138. COUNTY 138. CITY OR TOWN Released 13c CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Maryland Pr. Geo. Seabrook 9397 Woodberry Street YES NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Clark Claybourne Marshall Bessie ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) and Mary E. Marshall Same as #13 no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(g) CERTIFICATION Imtravins 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES T NO | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 214 INJURY OCCURRED 21a PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from NO saw the deceased alive an and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the Kady after death 17h SIGNATURE DEGREE 124 DATE SIGNED ATTENDING MEDICAL FUNERAL State DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PICIN 22e ADDRESS d be 23a BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lincoln Cemetery Brentwood, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** (VRA 15, 4) 1/79 9013 Annapolis Rd. Lanham. Md. 20801

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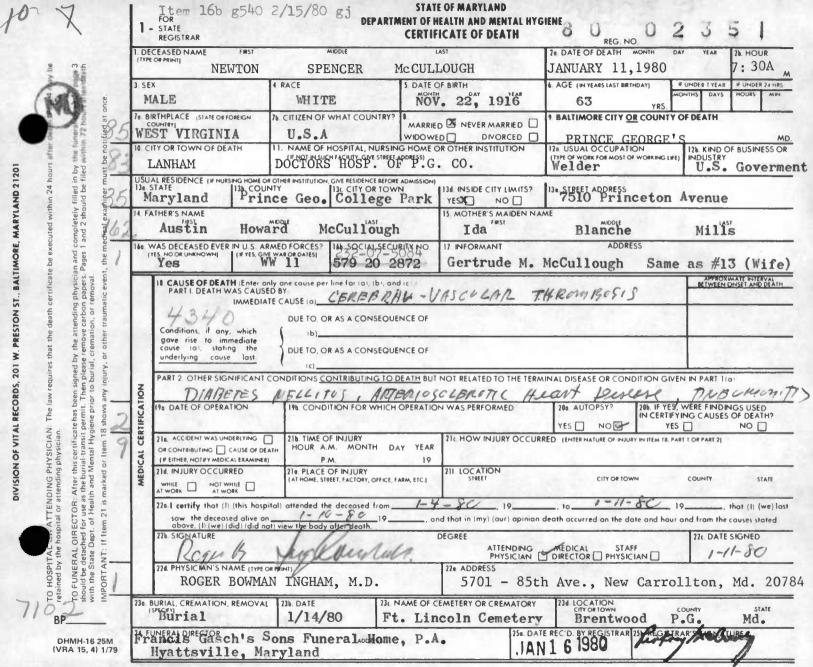
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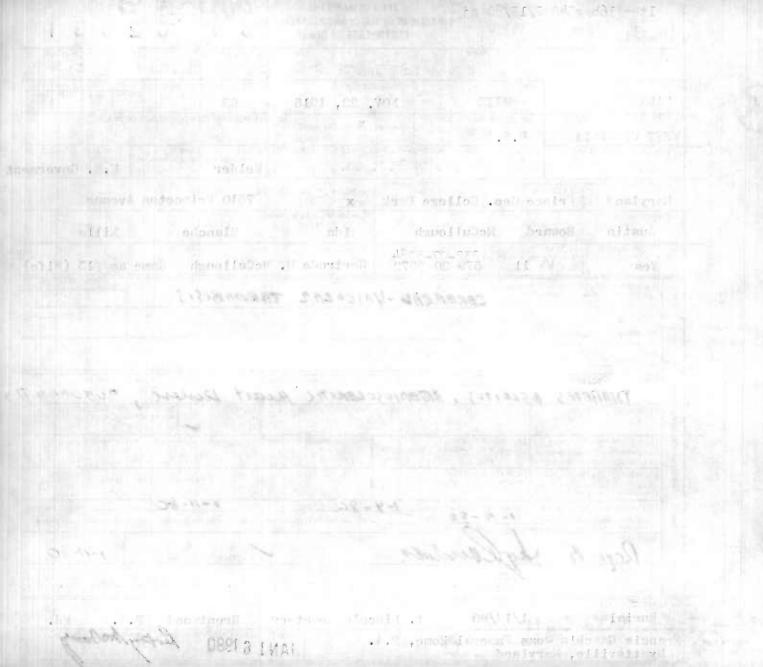
FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME FURST 20. DATE KNOWN A YEAR 2b. HOUR (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, Mattie Karl DEATH MATED 26 19 80 4. RACE 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2940HB PRONOUNCED White 1963 Male 26 1980 a.M TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Nevada U.S.A. WIDOWED DIVORCED Prince George's 3 FILED, 301 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS Prince George Softeneral Hospital Student Schoo Cheverly School BE 3. RETAIN P SHOULD BE L. RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland P.G. 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 6702 Felicia Lane Bowie NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAND MIDDLE Dave Baur Mattie Lorraine 6e. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Greenbelt, (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-90-4599 Dave A. Mattie 6A Ridge Rd. No None Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Rifle wound of the head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION OF HEA 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 21a, EXTERNAL CAUSE WAS HOUR A.M. MONTH 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2:29x 2619 80 subject shot himself OR 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 6702 Felicia Lane home Bowie Prince George's Md. Inspection X 22a I certify that I took charge of the remains described above, held an TO MEDICAL EASTIFICATION FEETON BE FOO TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BALTIMORE, MARYLAND, Autapsy and in my apinian Suicide X death resulted fram: Hamicide _ Undetermined manner Natural causes TITLE (SPECIFY) DATE 1/28/1980 Deputy EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gate of Heaven Cemetery Silver Spring, Maryland Burial Jan/29/80 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 15M 7/77

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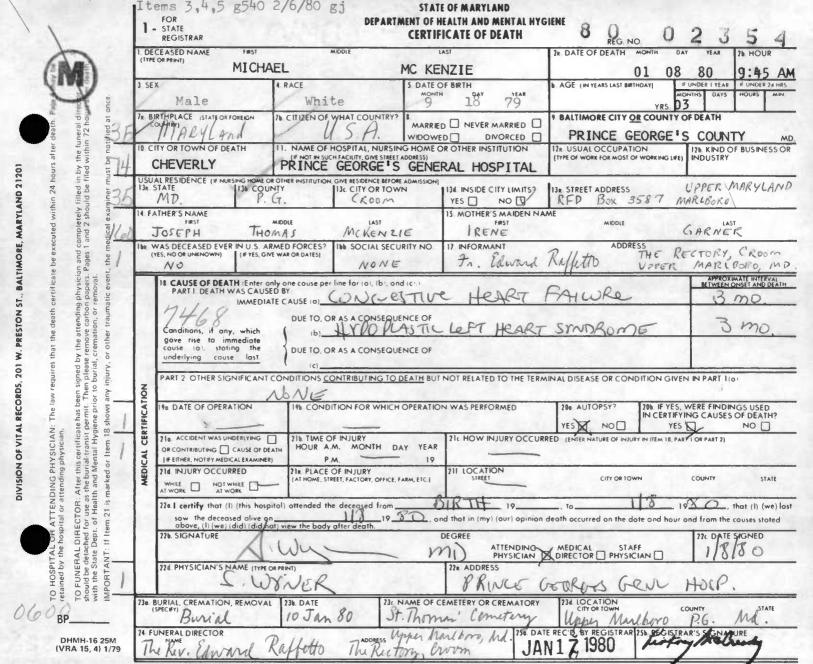
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER REGISTRAR DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) DEATH MATED PRONOUNCED DEAD BALTIMORE CITY OR COUNTY OF DEATH EVER MARRIED DIVORCED WIDOWED 175 KIND OF BUSINESS CHAIN OF DEATH HIM EQUATY 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY portensue Cardes Viscular disease IMMEDIATE CAUSE (DUE TO OR AS A CONSEQUENCE OF REMOVA Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TH A CERTIFICATION neumo comiosis 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US E DEPARTAENT OF PRIOR TO BURIAL, YES -NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE STATEMORE, MARYLAND, 212 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection ond in my apinian Notural causes Accident Suicide Undetermined manner death resulted fram: Hamicide ME (SPECIFY) MEDICAL EXAMINER ADDRESS 5 COG DHMH-17 IVE A15 ME (5)) 15M 7/76

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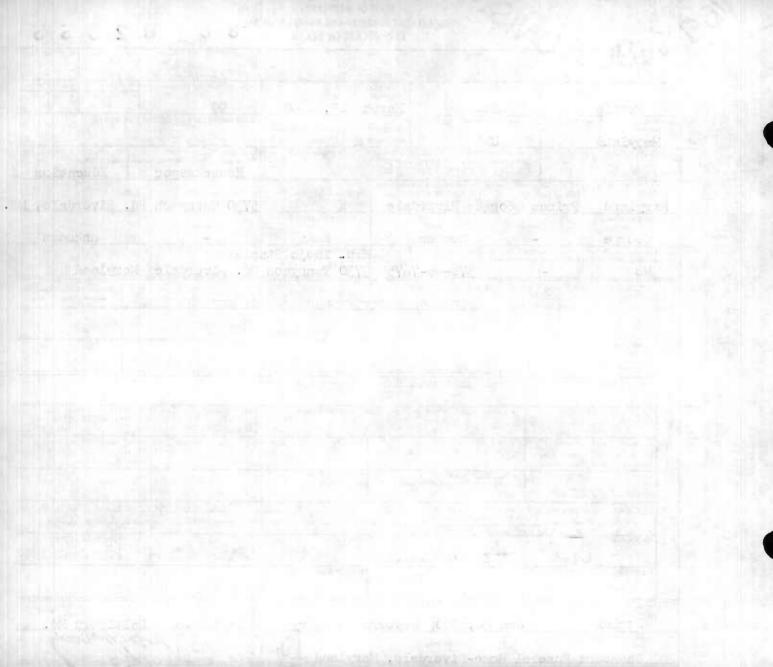
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH Mabel McLaughlin TYPE OR PRINT VEOF ALLOH 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR OAYS White April 25 1901 78 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Pa. U.S.A. Prince Georges WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hospital Housewife None USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. P.G. Upper Marlhoro 10801 Brookwood Ave. NO TO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST LAST Lester W. Atkison Pauline Gaul 6608 Mabel Biernesser 10801 Brookwood Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) HEYES, GIVE WAR OR GATES) No None APPROXIMATE INTERVAL BETWEEN OBISET AND DEATH I CAUSE OF DEATH (Enter only one couse per line for (o), (b), ogd (c) PART I. DEATH WAS CAUSED BY De 146 IMMEDIATE CAUSE IO towa - Veatro Conditions, if any, which gove rise to immediate couse (o), stating underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION THE DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO I YES I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22e.1 certify that (1) (this hospital) attached be deceased from saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 12e ADDRESS ld b shoul 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 236. DATE 234. LOCATION CITY OR TOWN (SPECIFY) Burial 1/10/80 Mt. Royal Cem. Glenshaw Alleghanev Pa. 6633 Old Alexander Ferry Rd. Clinton, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) McSlarrow Charles Duane DEATH MATED 19 80 5. DATE OF BIRTH 2d HOUR 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS SEX 4 RACE DATE PRONOUNCED 8:08 27 1927 52 Feb. White Male 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FORE Oak Tahoma U.S.A. Prince George's County, DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Auto Mechanic Prince George's General Hospital Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Md. 13d. INSIDE CITY LIMITS?
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DIVISION OF VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST McSlarrow Ruth Cox Charles 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS 66. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) 262-32-4312 Ada McSlarrow Same as # 13 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? WARDED TO THE CHIE PAGE 3 SHOULD BE USE TATE DEPARTMENT OF I YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Pedestrian struck by truck CONTRIBUTING CAUSE OF DEATH 6:53 KX 211. LOCATION 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) Greenbelt Rd., Greenbelt, Prince George's, Md. WHILE AT WORK AT WORK street Autopsy X Inspection 22a. I certify that I taak charge af the remains described abave, held an OR Accident X Homicide Undetermined monner Notural couses Suicide TITLE (SPECIFY) 1/5/80 Assistant TO MEDICAL E
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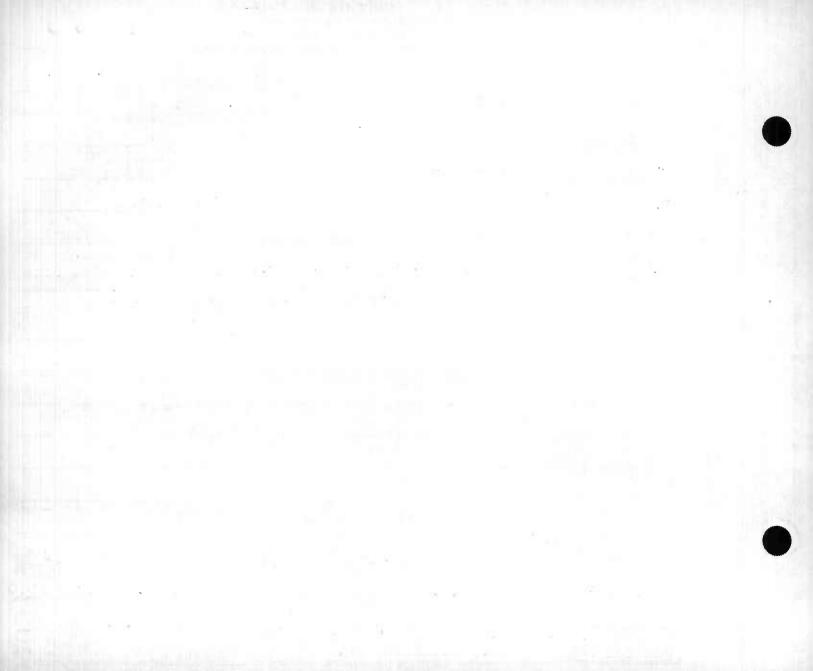
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 7/78

Funeral Home

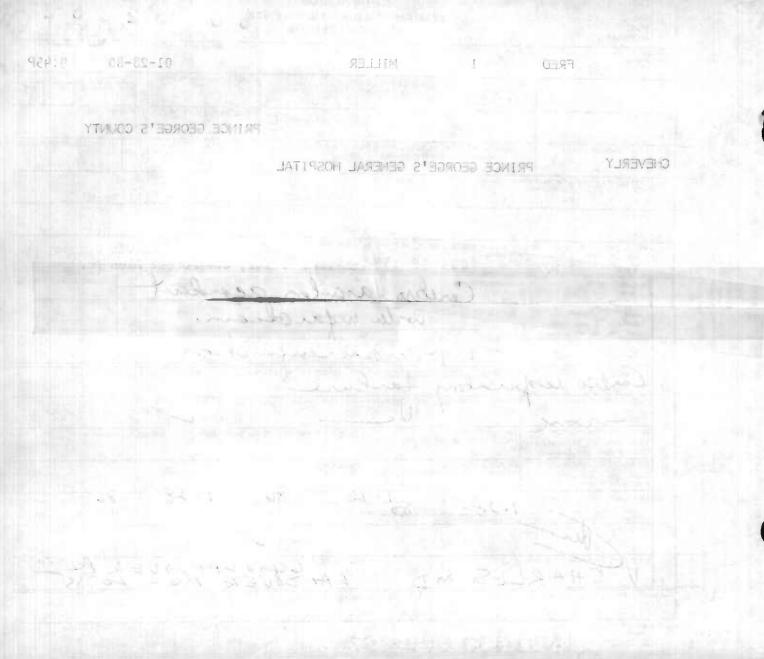


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	WAS DECEASED EVER IN U.S. (YES, NO OPUNKNOWN) (IF YES, 4)	ARMED FORCES? 166 SOCIA	177999 A	Richard I.1	Miller ADDI	Same	as #	MATE INTERVAL
een signed by the at Then please remove or to burial, cremati any injury, or other	Conditions, if any, which gove rise to immediate couse iol, storing the underlying couse lost. PART 2 OTHER SIGNIFICAN Dibbetes Mellit	DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION (2) (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9	NSEQUENCE OF	I RELATED TO THE TERMINOLOGY	NAI DISEASE OR CON	ADITION GIVE	N IN PART I	compestion need (21)
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- 0 Q	226 PHYSICIAN'S NAME (TYP	F OR PRINT)	22	ADDRESS				
ith the	TRISTAN J	-		21 Prince Geo	orge Street	Laure/	MD	50810
should be detact with the State I IMPORTANT:		ORGE OREL	LANO 3	21 Prince Geo	236 LOCATION CITY OF TOWN	Lourel	A Junio	20810 1055

STATE OF MARYLAND

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may bage	3 SE	х	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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The second		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12h. KIND OF BUSINESS (
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bep of the		17h SIGNATURE		DEGREE		226 DATE SIGNED
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(VRA 15, 4) 1/79	Dai	nzansky-Goldbe:	rg Mem Chap. Ro	ckville. Md.	D 1 1980 King	res Beall .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO. . DECEASED NAME 20 DATE KNOWN 2b HOUR ITYPE OR PRINT) OF ESTI-DEATH MATED Albert Lewis Moreland 11:20a 1080 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 02 03 92 87 M white 11:20a DEAD 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED W DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clinton Southern MD Hospital Center Carpenter-Farmer Ret 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN George Апиаясо General Delivery 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST Ellen John Canter Moreland Ihomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW1 216-12-6421 Ruth Bridgett same as # 18 CAUSE OF DEATH (Enter only one cause per M in schoolee Cardio Vasca BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 715 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection Suicide Hamicide Undetermined manner death resulted fram: Natural causes PAGE 4 SHOULD BE
TO FUNERAL DIRECTED AFTER DEATH, WITH
BALTIMORE, MARYLA TITLE (SPECIFY) 23¢ NAME OF CEMETERY OR CREMATORY 30 BURIAL CREMATION REMOVAL Burial Marys Ch. Bryantown Charles Cem. 24. FUNERAL DIRECTOR TRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Huntt Funeral Home Waldorf.Md. 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME DATE KNOWN MORGAN LTYPE OR PRINT OF DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISLATE OR ARRIED NEVER MARRIED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK CITY OR TOWN OF DEATH OR MOST OF WORKING LIFE) OR INDUSTRY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE 166. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause p) APPROXIMATE INTERVAL life far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY suluce pulmonary distan IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E DEPARTAENT OF PRIOR TO BURIAL, OF YES -NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion deoth resulted from: Suicide Homicide Undetermined monner Noturol couses DIRECT TITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, V
BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. Rodriguez, M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 13r. NAME OF CEMETERY OR CREMATORY COUNTY Removal 1/17/80 SO DATE REC'D BY REGISTRAR 250 REGISTRAR & 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Balto., Md. Anatomy Board 15M 7/76

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may be r, page 3		Catherine	MIDDLE 7.	Mor Ley Is date of Birth	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 736 MM
ge ecto		FEMALE	Сачс.	3 10.1898	79 YRS	MONTHS DAYS HOURS MIN
funeral dir	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	2955 C. MD.
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DING PHYSICIAN. The low require or offeeding physician. After this certificate has been signed as the buriol-transit permit. Then coils and Mental Hygiene prior to be marked or Item 18 shows ony injury	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
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O HOSPITAL TO FUNERAL should be den with the Stote		7- W. BREN	· ·	220 ADDRESS 73/ Ullivers	Ay Wid E. f	Ever gring 1)01
4 9,00	23o.	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	1-30-1980 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN WASHIN	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	23.5	ME De Vol	EVOLFUNIAN HORES		FREC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2n DATE OF DEATH MONTH (TYPE OR PRINT) Elvira Moschetto 01 - 24 - 8011:00pm RACE 6. AGE (IN YEARS LAST BIRTHDAY) 1:5EX DATE OF BIRTH MONTH Female White 4, 1900 Feb. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges County U.S.A. WIDOWEDIX Pennsylvania IN CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ETYTHOWISE WITH E WORKING LIFE INDOWN HOME Laurel Greater Laurel Beltsville Hospita USUAL RESIDENCE FIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4305 Kenny St Beltsville, Md Beltsville YES X Prince Geo. IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rine Ida Bonovaglia Anthony ADDR4305 Kenny Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Louis A. Moschetto Beltsville. Md.20705 578-66-8200 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 CEREBROUASCULON ACCESSIVE MASSIVE Conditions, if any, which couse (a) stating the DUE TO, OR AS A CONSEQUENCE, OF OF LOST MIDDLE CEREBRAL LAT TAROMBOZIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORME 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE IT 22a.1 certify that (1) (this hospital) attended the deceased from nw the decensed olive on 1-24 ond that in (my) (compopinion death occurred on the date and hour and from the causes stated did not view the body after death 12b: SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1-25-60 226 PHYSICIAN'S NAME (1996 OFFEN) 22e ADDRESS 11703 Roby Ave. Joselito D. Magday, MD Beltsville, Md. 20705 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Brentwood Pr. George Burial Jan. 28, 1980 Fort Lincoln Cemetery 24 FUNERAL DIREMENS/Rinaldi Funeral Home 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15 (4)) 11800 New Hampshire Ave. Silver Spring, Md. 20904

Transparation of the series of

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be natified at

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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24 FUNERAL DIRECTOR HUNTT FUNERAL HOME WALDORF, MD. 25a. DATE REC'D.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YEAR 7b. HOUR TYPE OR PRINT L. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAD Male Caucasian 1893 86 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Virginia WIDOWED DIVORCED [Prince George 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Largo Manor Care Nursing Home Engineer Hecht Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13g. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? P 13116 Dumbarton Drive NO [Maryland Montgomery Rockville 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 0 MIDDLE FIRST MIDDLE puo Munday Goodrick ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 707h Winfred F. Walker-son-Same as No 579 05 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 190 DATE OF OPERATION IN FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [Hygier 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol ε (IF EITHER, NOTIFY MEDICAL EXAMINER) He 211 LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ± FUNERAL ould be deto 22e ADDRESS MPORT. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY (SPECIFY) 15Jan1980 Cedar Hill Cemetery Suitland Burial Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Wilhelm NAMRobert E. (VR A 15 (4)) Suitland Funeral Home Inc.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR TYPE OR PRINT OF ESTI-DEATH MATED SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD UNERAL 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALLIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED WIDOWED -DIVORCED Washington. USA O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY George General Hospital Dept.Commerce SHOULD BE RECORDS, Cheverly Prince U S Gov't BE JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr Geo Maryland Marlow Hts 2900 St. Clair Drive YES X NO KITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME P. Y MIDDLE FIRST MIDDLE AND Ida Wooden Alva Teeple Mae 9 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 66. SOCIAL SECURITY NO. 17 INFORMAN (dau) DIVISION PAGES (YES, NO. OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 8905 Cheltenham Ave Nancy Lowry No on, Maryland 18. CAUSE OF DEATH (Enter only one cause per ling or (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which TH AND MENTAL ATION, OR REMO gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2.8THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 20 AUTOPSY? OF YES [3 SHOULE DEPARTMENT OPRIOR TO BURIL NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian death resulted fram: Notural causes Hamicide Undetermined manner DIREC LITLE (SPECIFY) Deputy DEATH, MEDICAL EXAMINER MORE EXAMINER'S NAME Rodriguez, M.D. ADDRESS, 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. AFTER (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE 28Jan1980 Cedar Hill Cemetery Suitland Md. Burial PG Robert E. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wilhelm **DHMH - 17** (VR A15 ME (5)) Funeral Home Inc Suitland, Md 15M 7/77

Inc.

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST FIRST MIDDLE 28 DATE OF DEATH MONTH 2b. HOUR 01-16-80 6:25AM 6. AGE | IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HR OAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Plumber - Seli -Employed-13. STREET ADDRESS 3010- Arundel Rd. MIDDLE Hobbs **ADDRESS** as above) 578-09-3896-A Ruby L. Murray (same SETWEEN ONSET AND DEATH TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES -21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Perry St., Mt. Rainier. Md 23d LOCATION CITY OR TOWN Pr. Geo. Md. 180 Ft. Lincoln Com. Brentwood Burial

Nalley's F.H. ADDRESS Mt. Rainier, Md. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

NAME

DHMH-16 25M

(VRA 15, 4) 1/79

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 HOUR 20. DATE KNOWN (TYPE OR PRINT) ELSON OF ESTI-1980 DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR AST BIRTHDAY PRONOUNCED DEAD 9. BACTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED V NEVER MARRIED FOREIGN COUNTRY) OHIO U.S.A. DIVORCED WIDOWED AITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY NAVY RETAIN HOULD B IN NURSING HOME OR OTHER INSTITUTION, GIV 1434 UNIV. BLVD. EAST 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? HYATTSVILLE GEO NO ION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME NELSON MIDDLE FORM PM HORNEBACK ALBERT GERTRUDE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 275-24-9704 SAME AS 13 YES EVELYN L. NELSON ww DIVISIO 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER A Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL, YES NO BE DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN death resulted from: Natural coures Accident Hamicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY VIRGINIA" ARLINGTON NATIONAL 1/10/80 BURIAL 24. FUNERAL DIRECTOR DHMH-17 20M 1/73 25a. DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS (VR A15 ME (5)) 1980 500 UNIV. BLVD. . W. . SILVER SPRING. MD.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JAN 2 2 1980 Linking Med

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		•
1. DECEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY		HOURS-
Fan	nie	E.	Nic	col		/ 15	80 0	MA
3. SEX	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDI		HOURS MIN
Female	White		Feb		84	YRS.		
70 BIRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	HTA	
Ohio	U.S.	Α.	WIDOWE		Prince	Georges		٨
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPATI		KIND OF	BUSINESS
Lanham	7514	Wilhelm	Dri	ve	Housewife		Home	
USUAL RESIDENCE (IF NURSING HO. 136. STATE 13b C	AE OR OTHER INSTITUTION OUNTY P. G.	Lanham	/N	13d INSIDE CITY LIMITS? YES MO	7514 Wil	helm Dr	ive	
14 FATHER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
	Elmer	Hoke		Estella	Fannie	Sı	oarks	
160 WAS DECEASED EVER IN U.S.	. ARMED FORCES?	166 SOCIAL SECL	IRITY NO.	17 INFORMANT	ADDRE	SS		
	None	212-74-	6551	David Nicol	7514 Wilhel	m Dr. La	nham.	Md.
18 CAUSE OF DEATH (Ent	a anly ane couse ne	r linester (a) (b) on	dici	1 - 1			APPROXIMA	ATE INTERVAL
PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	provaso	war 7	-cci	NOT RELATED TO THE TERMI OVERTICAL NOTES OF THE TERMI	NAL DISEASE OR CON	206. IF YES, WER	E FINDING	
Ě			6 - 3		YES NO	YES _	_AUSES O	NO [
		OF INJURY .M. MONTH D.	AV YFAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAM	PEATH	.M.	19					
(IF EITHER, NOTIFY MEDICAL EXAM		OF INJURY	FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN A COI	YTAL	STATE
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now the deceased olives (1) (4)	dhotwiew the body	offer death.	6	d that I (my) (our) apinion d	eath occurred on the di	ate and hour and f	rom the co	uses stated
Havilles	eliAven	W	Ti	ATTENDING PHYSICIAN	MEDICAL STAI	FF _	7/15	180
ALPH &	SELIG	MANN		22. ADDRESS FENT	ON ST.	SILS	pr.	1020
236. BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	Y	STATE
Burial	Jan/1	8/80 Ft	. Lin	coln Cemetery	Brentwood	, P.G. C	o., M	aryla

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR W. NAMW . Ch

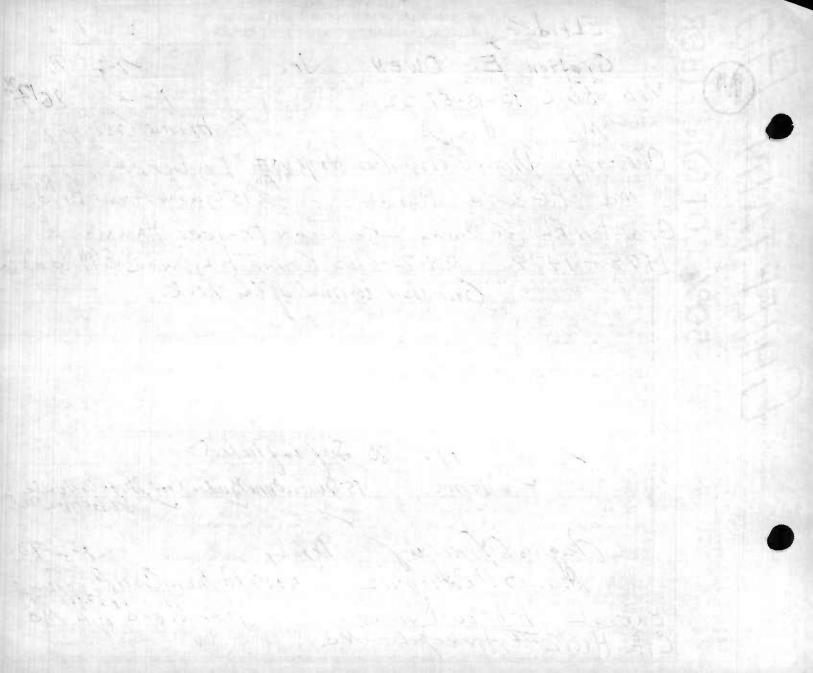
Chambers Co., Riverdale, Md

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) MARGARET K **OLINGER** 80 10:33A 01 04 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female White 58 1921 Des To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PRINCE GEORGES Virginia WIDOWED DIVORCED TH 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR PRINCE"GEORGES" GENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY Editoral Asst USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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1313 COUNTY 13e STREET ADDRESS 134 INSIDE CITY LIMITS? 1807 Maryland Prince Riverdale YES TY Nichol son 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE loward Kavlor Elsie Bateman 17 INFORMANT 9700 Wichita Ave. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) John R. OlingerCollege Park. Md. 207 Unknown APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY X MOHUNIGES MARROSI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MULTI FORME (BRAIN TOWN) Canditians, if any, which COLLOBUNGTON gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21s PLACE OF INJURY 2H LOCATION 214. INJURY OCCURRED CITY OR TOWN ENDING COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK BRRILL TIM 220.1 certify that (17 5this haspital) attended the deceased from saw the deceased alive an. , and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED MO ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING MPORTAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS MALLAND DR. LAUREC, We 20811 MAD NILL AM R. LEANH 231 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE CITY OF TOWN 6Jan1980 Burial Edgewood Augusta Co. Va. 250. DATERECID. BY REGYSTHAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M ADDRESS (VRA 15, 4) 1/79

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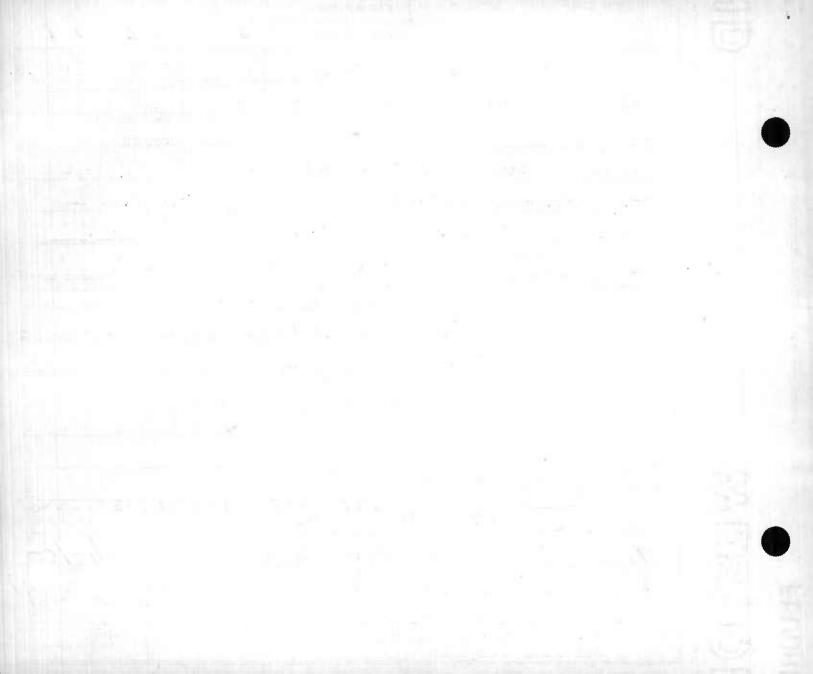
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Te. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT BASTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION **OR INDUSTRY** 138. INSIDE CITY LIMITS 13b. WITH FORM PM 3.
T. PAGES 1 AND 2 SH. 14 FATHER'S NAME MOTHER'S MAIDEN NAME CAUSE OF DEATH (Enter only one cause per lipe for (o), (b), and (c) BETWEEN ONSET AND DEATH ENDING" IN PENCIL IN ITEM 1.
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AS A BURIAL-TRANSIT PERMIT PART I DEATH WAS CAUSED BY HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PRESTON ST IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if any, which AND MENTAL HION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A CERTIFICATIO THE CHIEF M 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [PAGE 3 SHOULD BE STATE DEPARTMENT OF 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING LAUSE OF DEATH 21201 PRIOR 21d INJURY OCCURRED PLACE OF MUJURY 211 LOCATION AT WORK NOT WHILE TITREET, EACTORY, FARM, ETC.) STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PARTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I taak charge of the remains described above, held an death resulted fram: Accident Natural coures Suicide Hamicide Undetermined monner LE (SPECIFX) MEDICAL EXAMINER (TYPE OR PRINT) 234 NAME OF CEMETERY OR CREMATORY 256 REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 250. DATE REC'D, (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (X) Pampley (TYPE OR PRINT) Paul John ESTI-DEATH MATED 18 80 10 4 RACE DATE OF SIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 19936 DATE LAST BIRTHDAY) PRONOUNCED white male 80 a. Aug 28, 1955 24 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) US Prince George County THE FOR THE STATE IN CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Cheverly Carpenter Construction Prince George Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE Pro Georges 134 INSIDE CITY LIMITS? 136. STREET ADDRESS Stephens Lane Beltsville YES TX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Jovce I. Good Paul John Pampley 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Veitnam 547 96 9572 Jovce Risch Beltsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a. DATE OF OPERATION 20. AUTOPSY? 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL, C OF YES XX NO 🗌 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR self inflicted MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT NOT WHILE home basement 11308 Stephen Lane, Beltsville, PG Co., MD Autopsy XX Inspection and in my opinion 22a. I certify that I took charge of the remains described above, held an Inquiry Homicide Undetermined manner TITLE (SPECIFY) 1/20/80 GE 4 SHOUND STEEL FOR SHOUND STEEL SHOW Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street, Baltimore, MD 2120 Hormez R. Guard, MD. ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATOR 23a, BURIAL, CREMATION, REMOVAL 23b. DATE STATE Jan 23, 1980 Md Veterans Cemetery Cheltenham Pro Georges Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHAAH - 17 F. Gasch's Sons P A Hyattsville, Md. (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME OF ESTI-DEATH MATED (TYPE OR PRINT) AGE (IN YEARS IF UNDER 24 HRS DATE MONTH PRONOUNCED U.S.A. Wash., DC D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Leland em. Hosp. Tele.Co. Riverdale Eugene (Ret. 13d INSIDE CITY LIMITS? 3833- Hamilton St. Pr. Geo. Hyattsville Md. YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Poynton Eva Gray Francis ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Blanche Poynton (above address) 578-09-3544 No Wife 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 3 SHOULD DEPARTMEN HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN 22a I certify that I took charge of the remain described above, held an Autopsy and in my opinion EXECUTE PAGE 4 SHOUTE TO FUNERAL DIRECTO AFFER DEATH, WITH 19 AALTIMORE, MARYLAP Undetermined monner death resulted from: Notural causes Suicide Homicide Accident TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. 20031 EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE (SPECIFY) Burial Adelphi Md. Geo. Wash. Cem. Pr. Geo. BP 24 FUNERAL DIRECTOR LIEY'S F. HADDRESS Mt. Rainier, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 VR A15 ME (5)) Inc 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS OF ESTI-DEATH MATED & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD WITHIN Z BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Cheverly Prince George's General Hosp Truck fueler Bevard Bros 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pr. George Brandywind NO □ 8610 Cedarville Road YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND William Toland Beavers, Jr. Mary 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS No 5011 Mary Walker (mother) Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HYGIENE IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 301 AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES] NO. BE DEPARTMENT 210. EXTERNAL CAUSE WA OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED AT WORK NOT WHILE EXECUTE THE CERTIFICATE,
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BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 23b. DATE 7Jan1980 purial 24. FUNERAL DIRECTOR t NAME RODER t Cedar Cemetery DHMH-17 20M 1/73 25a. DATE REC'D. BY REGISTRAR Wilhelms E. (VR A15 ME (5)) Funeral Home Inc Suitland, Md

STATE OF MARYLAND

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DHMH-16 20M (VRA 15, 4) 7/78

14 FUNERAL DIRECTOR
Francis Gasch's Sons, PA Hyattsville, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRATES SIGNATURE JAN 2 5 1980

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

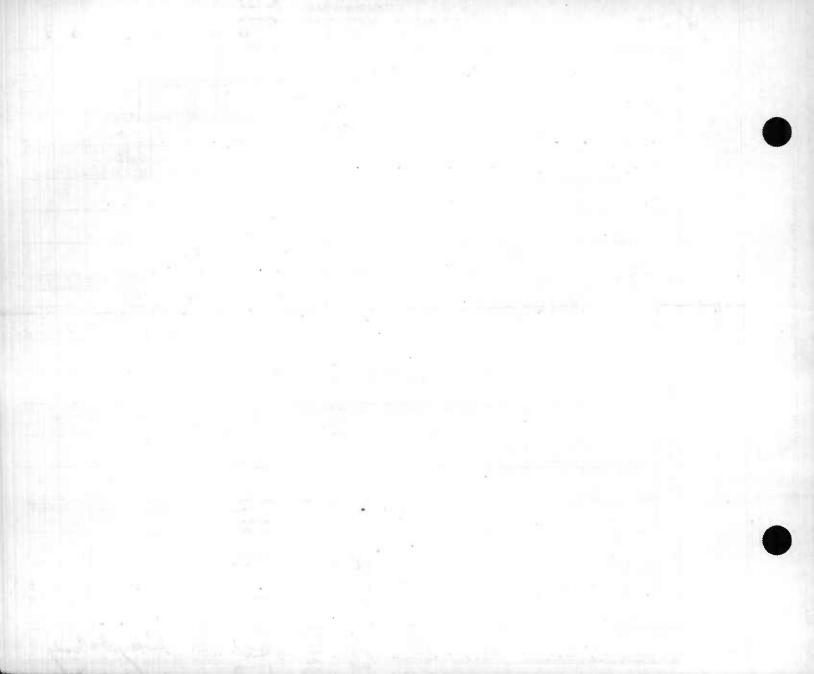
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

- STATE

(VRA 15, 4) 1/79

REGISTRAR

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 1 DECEASED NAME 2h HOUR (TYPE OR PRINT) Saddlemire 22, Emily deo IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX APR -YEAR DAYS HOURS temale 30-95 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MALLISCTICUT WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY raure ITCHEN HELP ARYLAND 21201 by USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE (130 COUNTY, 131 COUNTY) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? pino Prince Gerge NO haurel 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME 2 Helene MIDDLE MIDDLE Vollmer puo Charles Krase1t APPS 133 Larchdale Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO. 17. INFORMANT Poges (IF YES, GIVE WAR OR DATES) NO . Helene L. Sikora Apt 7 Laurel, Md. 044-20-4051 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line fortp), (b), and (c). PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? per ca of anus 01-02-80 YES T certificote 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Mentol Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH iol-tr MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 22 January sow the deceased live on 2 2 1144 114 obove obove did not view the body ofter death _19_8C and that in (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SJGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 17d BHASICTAN'S NAME (THE OF HINT) 22e ADDRESS should be 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Northford, Connectio Burial 1/26/80 Northford Cemetery BY REGISTRAR 25b. RESISTER 2'S. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 FLECK LAUREL FUNERAL HOME', INC. (VRA 15(4))

20810

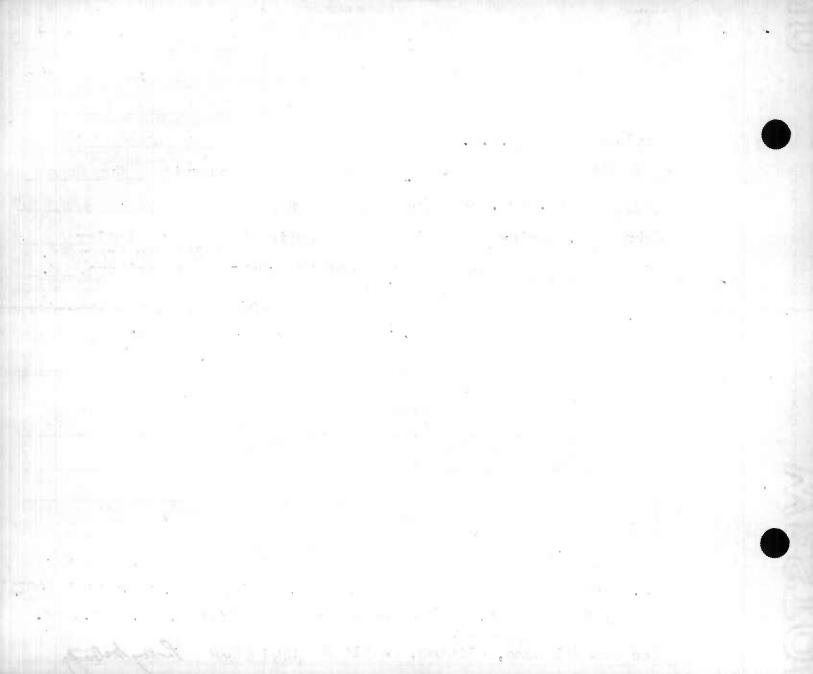
Sandy Spring Rd. Laurel, Md.

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS DATE OF BIRTH MONTH YEAR DAY MONTHS DAYS HOURS 00 LE BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Marvland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION). 13g. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. Geo. YES [NO M 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE W. Harlev Julia Butler John 1150 Van Brady Rd. ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joseph Savoy- Upper Marlboro, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY GANGRENE OF BOWEL IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF MESENTERIC ARTERY THROMBOSIS Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO YES T NO T 71g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a | certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on, above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN PHYSICIAN MPORTANT 224. PHYSICIAM'S NAME (TYPE OR PRINT) J. Sanford Young 5620 St. Barnabas Rd. Oxon Hill 20021 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIF Burial Clifficon, Pr. Geo., Md. 1/12/80 Resurrection 25s. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M Clinton, Maryland (VRA 15, 4) 7/78 Lee Funeral Home.

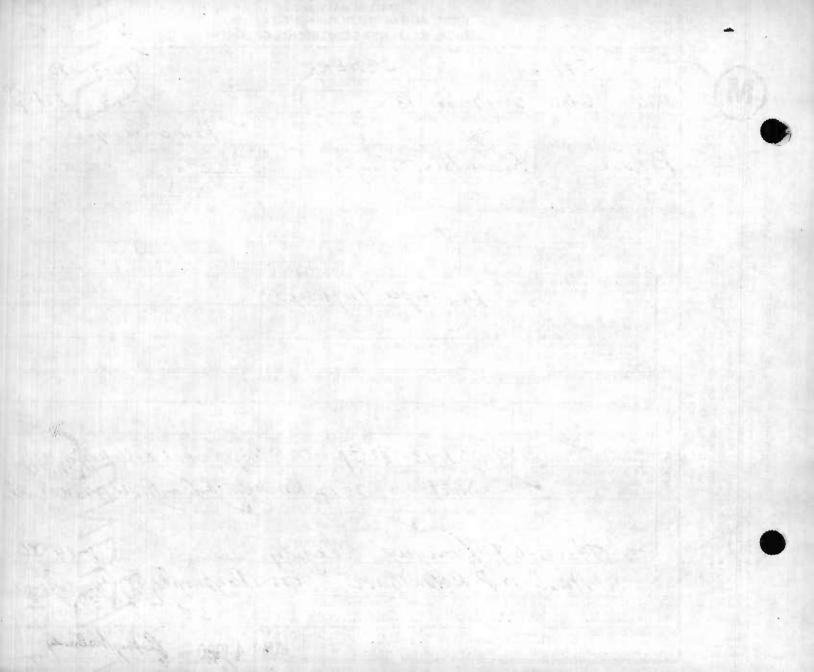
STATE OF MARYLAND

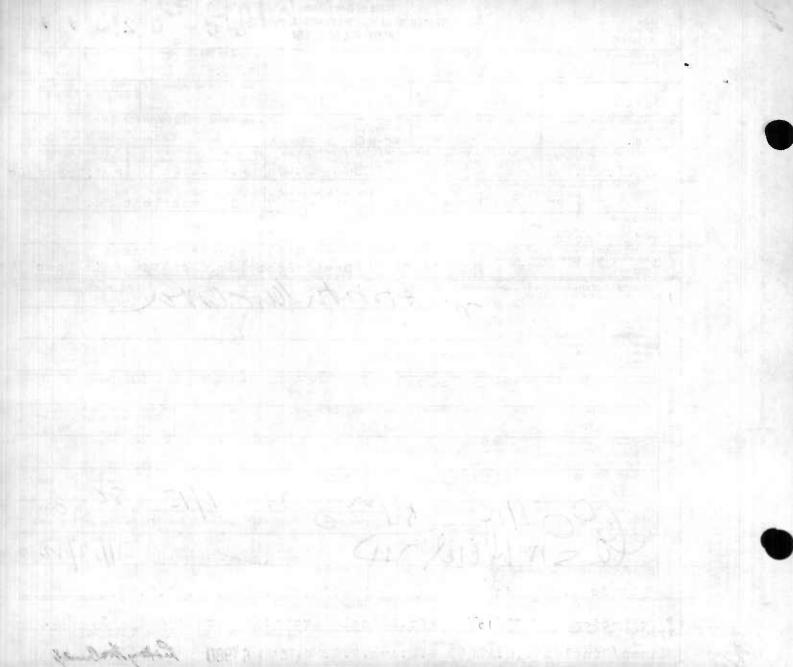


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAE DECEASED NAME 20 DATE KNOWN OF ESTI-LARRY 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD SALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND USA TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY STUDENT SCHOOL USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2405 KINDERBROOK LA. 20715 PR. GEORGES BOWIE MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SARAH FRANK SCHERR BERNARD MR. BERNARDADSCHERR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2405 KINDERBROOK LA., BOWIE, MD 20715 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO BURIAL 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Undetermined manner death resulted fram SIGNED. 236 BURIAL, CREMATION, REMOVAL JAN.15,1980 BETH YEHUDA ANSHE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. SOL LEVINSON BROS., INC. **DHMH - 17** (VR A15 ME (5)) BALTO MD 21215 15M 7/76 REISTERSTOWN RD

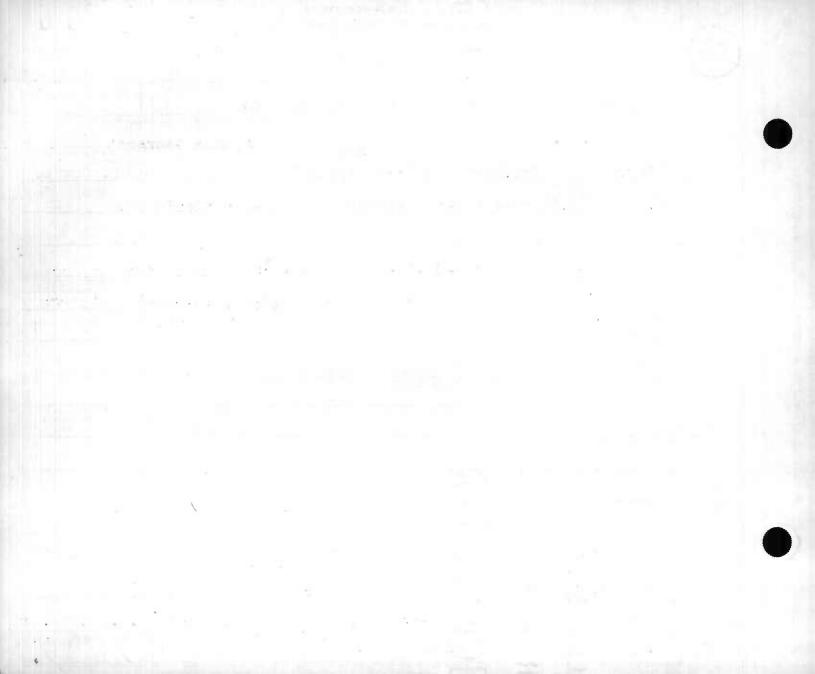




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 U REG. NO	0. 0 2	ecary	0 4	
	DECEASED NAME FIRST	MDDLE		AST	20 DATE OF DEATH	MONTH D	YEAR	26 HOUR	
,	PAULINI	E LORRAINE	SH	OEMAKER	JANUARY	7	1980	1:16A,	
3	SEX	4 RACE	S. DATE C		& AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS	
	FEMALE	WHITE	May	22, °1924 ***	55	YRS.	ONTHS DAYS	HOURS MIN	
70	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED DIORCED	Prince George's			MC	
ľ	Lanham	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GME STREET, Doctors' Hospit	ADDRESS1		12# USUAL OCCUPATION OF OF WORLD FOR MOSE OF M	Home			
11;	SUAL RESIDENCE (# NURSING HOME OR JA STATE 136 COUN Prin			134. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 4215 581	Avenu	ıe		
14	Paul'	Hutchinso	on	15 MOTHER'S MAIDEN NAM	WE	В	ırnettë	ST	
16	WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNKNOWN) (# YES, GNE	war or dates) 166 SOCIAL SECU 213 58 52		William V. Sh	ADDRE Noemaker Sa		#13	Light 6	
	PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), one DBY E CAUSE (a)	-	idure			BETWEEN !	ONSET AND DEATH	
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	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01	
	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO XX VES NO XX YES NO X				
	ON CONTRACTION CALLES OF DEA		AY YEAR	21c HOW INJURY OCCUR					
1	(# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURED WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR FOWN COUNTY			STATE	

236. DATE

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL Burial

1/9/80

Montgomery Md. 256. REGISTRAR'S SIGNATURE

rancis Gasch's ons Funeral Mame, P.A. Hyattsville, Maryland

DHMH-16 25M (VRA 15, 4) 1/79

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Potomac Potomac Meth. Church

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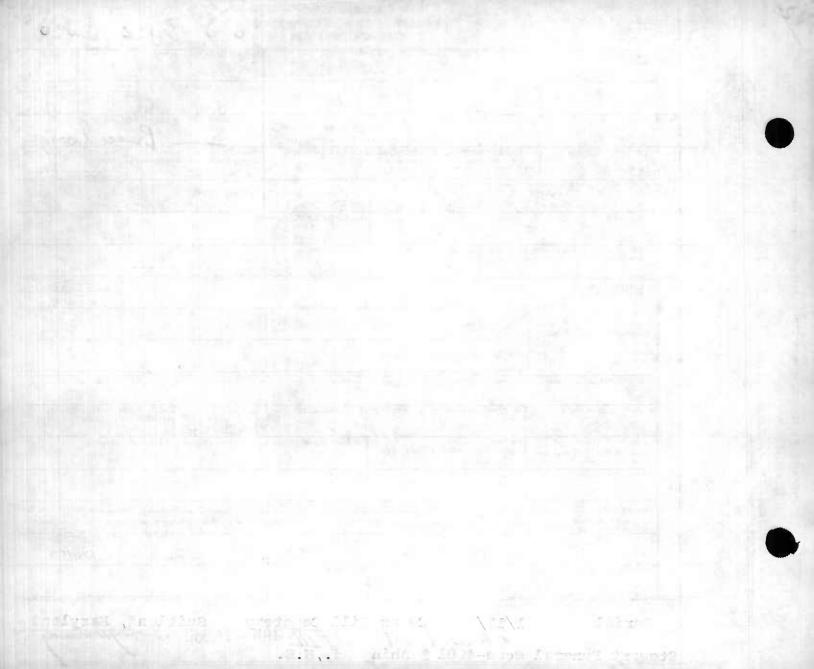
ALICE Monitor Strong 4, h 01 hE 1 Penna Pegency 11 H. Legency 11 H. P.C. Land Communication of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2ª DATE OF DEATH 1 DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) James SMELLOWSK STEPHEN January 26, 1980 10:0 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF LINDER 24 HRS oct. 30, 1928 **HOURS** 51 Male Caucasian 7e. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED U.S.A. Prince George Pennsylvania WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Southern Maryland Hosp. Ctr Program Analyst Banking Clinton USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS Camp Spring 6716 Edgemere Drive Marvland Geo. NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Dusky Smellowsky. Florence ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Smellowsky same as 578-42-3756 Ida F. Yes Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUPOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on_ ond that in (my) (and opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME LTYPE OR PRINT) 22e ADDRESS should be 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial STATE COUNTY /29/80 Resurrection BP. Clinton Geo. Marylan 250 DATE REC'D. BY REGISTRAR 256 RECISIOAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 20M Maryland Home . (VRA 15, 4) 7/78

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3 SE	x		5. DATE OF BIRTH	6. AGE (IN YEA	RS IF UNDE	R 1 YR. IF UNDER 24 HR	S. Zc. DATE		MONTH	DAY YEAR	24 HOUR 7
Fe	male	White		1941 38/R	Mortina	DAYS HOURS MIN	PRONOUN		1 7	13 19 80	
7a. B	IRTHPLACE (ST.	ATE OR	Apr 27	HAT COUNTRY?	1	NEVER MARRIED		ORE CITY OR			
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	AL RESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	IN)		TREET ADDRE				
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	ATHER'S NAME		MIDDLE	Rhodes	15	MOTHER'S MAIDEN NA		IDDLE	TAT -	11iam	
	Howard	E .		Rnodes 166. SOCIAL SECURITY	NO 17	Daisy		ADDRESS			
100.	NO NO UNKNO	(IF YES, GIVE W	AR OR DATES)	213-38-04	145	10914 Broc Thomas F.	kwood Houck	Ave. Bro	. Up	per Ma	rlboro aw Md
	18. CAUSE OF	DEATH (Enter only ATH WAS CAUSED I	ane cause per line BY:	far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
	991	IMMEDIATE	CAUSE (o)	Stab Woun		hest				- 114	
	Candition	s, if any, which	DUE TO, OR	AS A CONSEQUENCE O	F						
	gave ris	e to immediate stating the under-	(b)	AS A CONSEQUENCE O				-			
-	lying caus		(c)	AS A CONSEQUENCE O							
	PART 2 OTHER SIG	NIFICANT CONDITIONS CO		BUT NOT RELATED TO THE TERMI	NAL DISEASE OR	CONDITION GIVEN IN PART 1 (a).					
CERTIFICATION				Manual St							
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RTIF	110 EVTERNIA	L CAUSE WAS	21b. TIME OF	THE HEAVY	In How	This was a second secon				YES 🛣	NO 🗆
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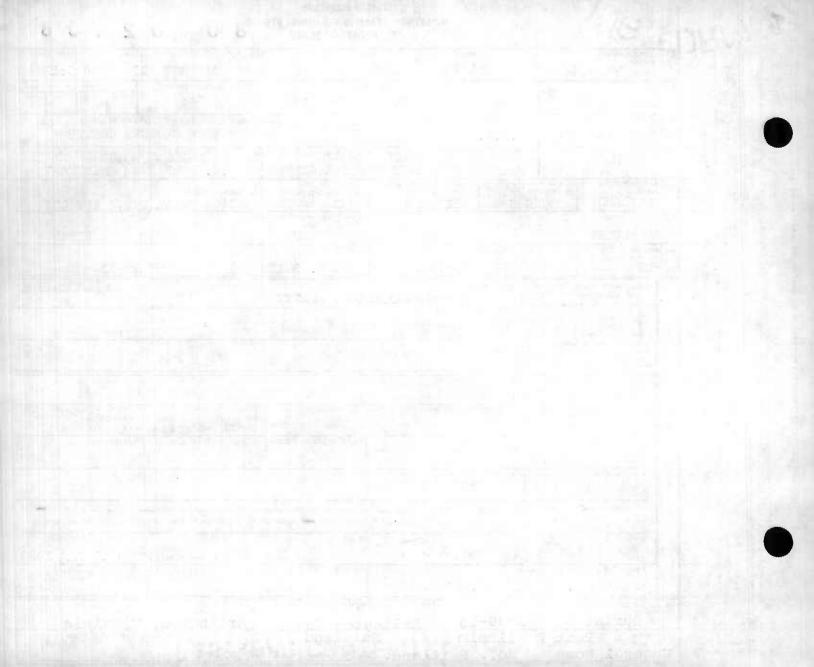
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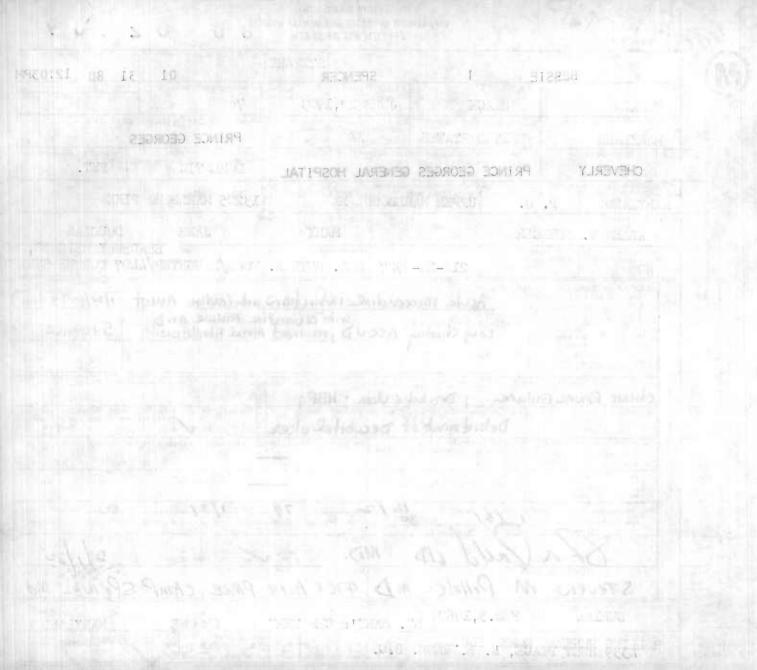
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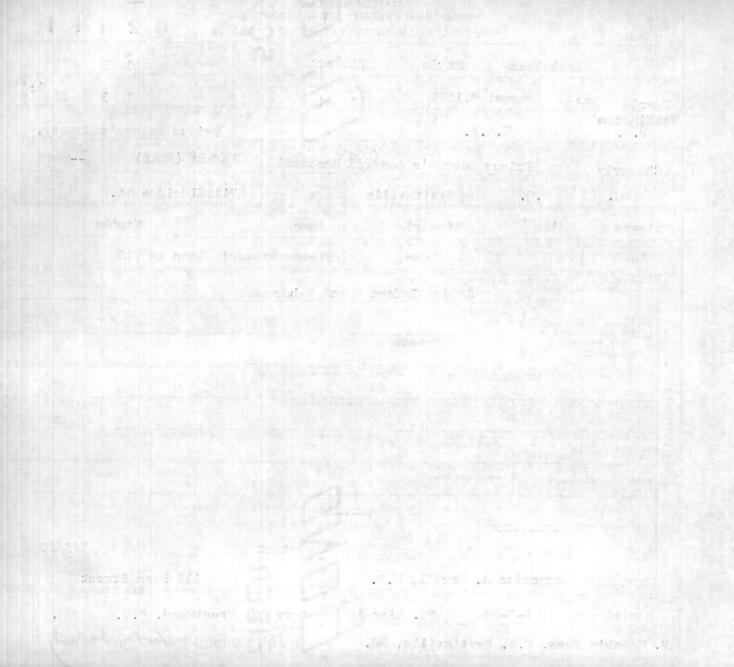
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Funeral Home

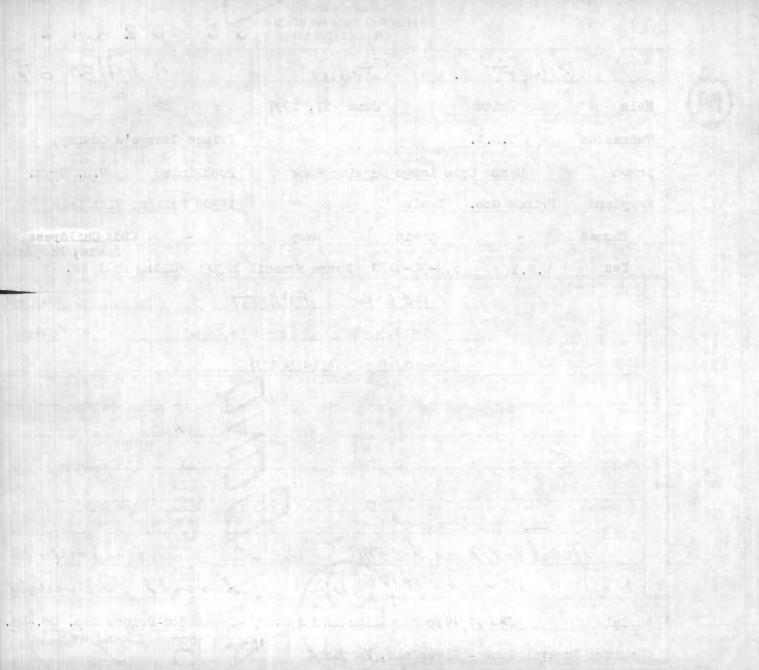




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04/2	23a	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION	COUNTY
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DHMH - 16 60M 1/75		FUNERAL DIRECTOR		ADDRESS	Marie	25a. DAT		Hitchig Mc Brooky
(VR A 15 (4))		Chambers Funer	al Home .	- Riverda	le, M	aryland	UII ~ T 1000	1. 14



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS 1:45a January 8, 1980 L. Stuckey Audrev 3 SEX AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS HOURS DAYS Female White Jac. 74 1909 70 BIRTHPLACE STATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Va. Prince George's WIDOWED DIVORCED | IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife Own Home Riverdale Eugene Leland Memorial Hospital USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13. STREET ADDRESS 4606 29th St. Apt 4 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? Prince Geo Mt. Rainier NO [Md YES K 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Orndoff Walker Daisy Angus ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mt. Rainier (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 215-12-2528 Ira A. Stuckey 4606 29th St. Apt4 No METWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OFF ATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOR YES [NO [this certificate ourial-transit p I Mental Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21L HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL I IF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE AT WORK AT WORK 220.1 certify_that (1) (this haspital) attended the deceased from sow the deceosed alive an above, (1) (we) (did) (did not) view the bady after death. 000 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL UNERAL Id be detac the State 1-8-1980 MPORTANT DIRECTOR PHYSICIAN PHYSICIAN TO 774. PHYSICIAN'S NAME LTYPE OF PRINTS 22e ADDRESS 4404 Queensbury Road, Riverdale, Md. 20840 houl John Melnick, M. D. 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL CREMATION, REMOVAL 236 DATE Washington D'C GeO. Wash. Med. School 1 - 9 - 80Removal 256. DATE REC'D. BY REGISTRAR BY LEGISTRAR SIC TURS 24 FUNERAL DIRECTOR DHMH-16 25M MAMMetropolitan F S ADDRESAlexandria, Va. (VRA 15, 4) 1/79

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DHMH-16 25M (VRA 15, 4) 1/79

Hyattsville, Maryland

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FUNERAL DIRECTOR FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md. 20810FEB

1980

STATE

DHMH - 16 60M 1/75

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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WILSON TABS III

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CHEVERLY PRINCE CEO. HOSP. & MED. CENTER

PULMONARY EDEMY, MODERATE, ACUTE

SEPTICEMIC SHOCK

HOUGKIN'S DISEASE. MIXED CELLULARITY, STAGE IV

STATE OF MARYLAND

(.MM)

Sept 22,55 24

Cheverly,Md.

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Aiverdale x 5010 54th ave

Robert G. Tavenner ratricia ... Sullivan

228 Calwood Rd. Edger ter, 16 7

ashin ton, J. J. 20002

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Urenstion 1-22-30 Lee's Grematory 20002

Lee Juneral Home 300-4th St.M.E. Vash.D.J.

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FOR

REGISTRAR

DECEASED NAME

FIRST

- STATE

TYPE OR PRINTS

BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13. STREET ADDRESS 12704 Prince Leigh St. LAST Minnie Taylor, 12704 Prince Leigh PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE 19 70, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Burial 1-12-80 Md. Harmony Memorial Plank 24 FUNERALDIRECTOR 25a. DATE REC'D BY REGISTRAR 256. REC DHMH-16 25M (VRA 15, 4) 1/79 St. N.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2h HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

2a. DATE OF DEATH

ANDREW E. TAYLOR JR

CHEVERLY PRINCE GEORGE'S GENERAL NOSPITAL

ACUTE AVOCARDIAL INFARCTION AMERICA WALL
DUE TO CORCLARY SCLENISIS

H.A. Molawi A.D. Eastwadon Ed Church Ad

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PRINCE GEORGE'S COUNTY

11-07-1960 4.52 2.4.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME a. DATE KNOWN TYPE OR PRINT OF ESTI-6. AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED 52 DEAD EALTIMORE CITY COUNTY OF DEATH To BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) USA Calif. WIDO WED DIVORCED 12b KIND OF BUSINESS 18. CITY OR TOWN OF DEATH ION (TYPE OF WORK Efectionics 2606 Berkley St. S.E. Hillcrest Hgts. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2606 Berkley St. S. E. 13d INSIDE CITY LIMITS? Prince Georges Hillcrest Hgts YES X NO [Maryland IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Blake Florence Fred W. Temple Theresa M. Temple Hillcrest Hgts. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 548-30-0113 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 20. AUTOPSY? 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTAENT OF PRIOR TO BURIAL YES [] 21a EXTERNAL CAUSE WAS 16. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE FACTORY, FARM, ETC.) 22a. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner death resulted fram: Accident Natural causes DIRE 230 BURIAL, CREMATION, REMOVAL Washington D COUNTY Geo. Wash. Med. School 1 - 17 - 80Removal DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR Metropolitan F S 5517 Vine St Alexandria, Va **DHMH** - 17 (VR A15 ME (5)) 15M7/76

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AND 3-10 RETAIN P HOUID BE RECORDS.	13a. S	TATE 1136. CC		liar CITY OR TOWN Narlow Hgts.		et address 501, 2900	St. Clairs
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3/60	U	nknown		O'Brien	Mamte	L	orrigan
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20M 1/73 ME (5))	-	uneral director Cie	Home, CI	inton, Maryla	and JAN7 & 10	REGISTRAR 25b. REGISTRAR'S	SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-UR FILES. 22 HOURS BRYCE DEATH MATED 01 27 1980 THOMAS 4 RACE SEX S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE May LAST BIRTHDAY PRONOUNCED White DEAD 5 3 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED THEVER MARRIED FOREIGN COUNTRY Massachusetts U.S.A. PRINCE GEORGES COUNTY. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Heavy Equip. LAUREL, MD. GREATER LAUREL BELTSVILLE HOSPITAL Oper. Contrac USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS Apt. 202 13b. COUNTY 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? P.G. Maryland 14703 Bowie Rd. Laurel YES X NO [Laurel, Me ONVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Donald Eula Thomas Moore 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Gridley St. DIVISION (YES, NO, OR UNKNOWN)
Yes 072-24-2746 Sandra J. Hamelin Bristol, Conn Cholo CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY peletite Cardio Viscular diseas. IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) × 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT O YES NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK JO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE SI
BALTMORE, MARYLAND, 21: 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Hamicide Natural causes Undetermined manner THE (SPECIEY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) /TIGUSTO KIANGUADI 23g BURIAL, CREMATION REMOVAL 23b. DATE 23d. LOCATION 1/29/80 Cremation Metropolitan Crematbry Alexandria BP FLECK LAUREL FUNERADDESSHOME, INC. RESISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5)) Sandy Spring Rd. Laurel, Md 15M 7/77

FICC s-Ist bLunc

	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 O REG. N	0 2	4	2 3			
		CEASED NAME FIRST JOSEPH	MIODLE E		OMAS	20 DATE OF DEATH	an.1,1		26 HOUR 3.05			
nca.	3. SE	M	4 RACE	S DATE	OF BIRTH - 18-1923	6 AGE (IN YEARS LAST OR		FUNDER 1 YEAR	IF UNDER 24			
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83	10 C	ty or town of death Lanham	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GNE STI DOCTORS HOSPI	FET ADDRESS)		12R USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	-	F BUSINES			
35	1.JR	nd P.C	ROTHER INSTITUTION, GIVE RESIDENCE BE NIX 3 I 3c CITY OR TO 3 OU	DWN.	134 INSIDE CITY LIMITS?		vael.	Bows.	· Ke			
160		Steven Quee				um ms 5 m		LAS	т			
1	16a V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	CURITY NO -4075	Postsy Thom	ADDRI 145 5 9 me	ms 13	4				
	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECT b) DUE TO, OR AS A CONSECT c) CONDITIONS CONTRIBUTING T	DUENCE OF	NOT RELATED TO THE TERM	LINAL DISEASE OR CON	DITION GIVER	N IN PART 10	21			
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9	CAL CERT	1	13	13	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR				
	MEDIC	214. INJURY OCCURRED NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC }	211 LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATI			
	9	saw the deceased alive an	atal) attended the deceased from	(1-	nd that in (my) (aur) opinion	death occurred on the de		0	that (t) (we			
1	0	178 SIGNATURE MYSICIAN'S NAME (TYPE)	Brown	un	ATTENDING PHYSICIAN DORESS DORESS	MEDICAL STALL DIRECTOR PHYSIC BELCRES		1/2	198			
		JAMES A +	BROWD MIN		HYAT	TSYCLLE /	WA 2	078				

DHMH-16 25M (VRA 15, 4) 1/79

BURIAL CREMATION, REMOVAL

La Same Lashing for - Sons

492 ADDRESS

236. DATE

5-80

Nanne H. Bukrouch

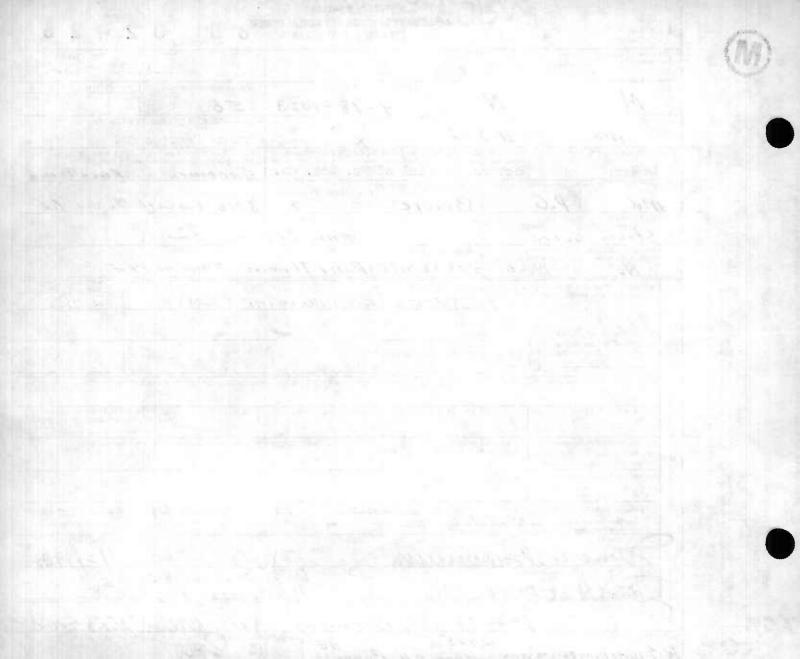
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

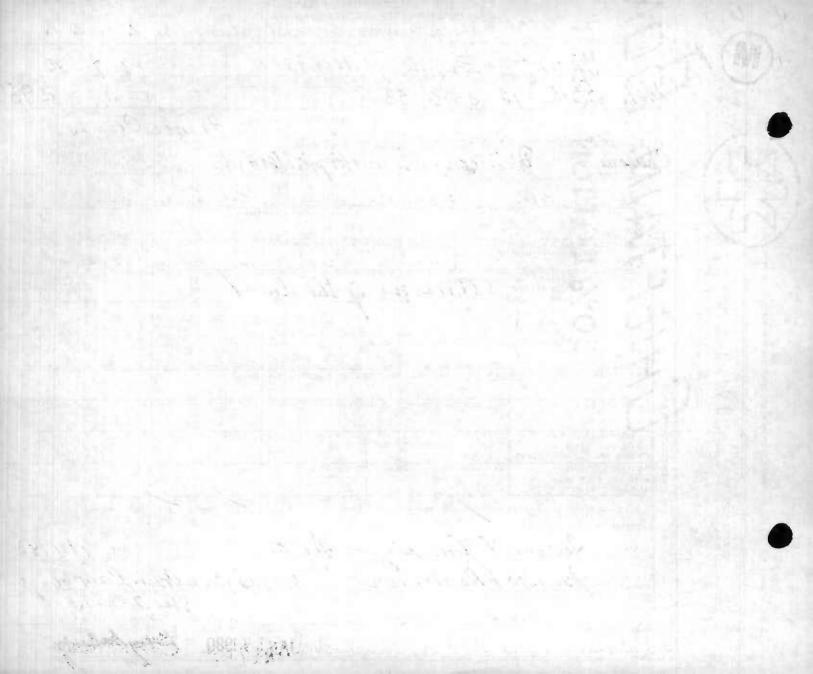
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COUNTY

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•	EXAMINER CERTIFICATION BE FOUND BE FOUN		220. I certify that I took charge of the remains described above, held an Autopsy a death resulted fram: Natural courses , Accident , Suicide ,	, Inspection , Inquiry , and in my apinion Hamicide , Undetermined manner , DATE	11118
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL! AFTER DEATH, BALTIMORE, M.		EXAMINER'S NAME AUGUSTO P. Rodriguar add	medical examiner signed.	of Slugs
-	150d	-	RIAL) CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CR. 1-16-80 HARMONY MEM	CEN. HIGHLAND PARK, M	STATE
D	HMH-17 20M 1/73 (VR A15 ME (5))		NERAL DIRECTOR NAME 5. WASHINGTON + SOMS 4925 BURROUGHS AUE.	256. DAN 1 7 1980	AATURE



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IMORE,	ificate be execut physicion and co papers. Pages 1 navol rent, the medical		VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV YBS WW	E WAR OR DATES)		4-6818	17 INFORMANT Ada Reeve	s, Ni	ADDRE	SAA	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	ires that the death cert gned by the attending in please remove corbon burial, cremation, or rer ty, or other traumatic ex	7	PART I. DEATH WAS CAUSI Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONS	SEQUENCE OF SEQUENCE OF SEQUENCE OF	of Sonfe		DISEASE OR CON	1	APPROXIMATE INTERVAL APPROXIMATE INTERVAL
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

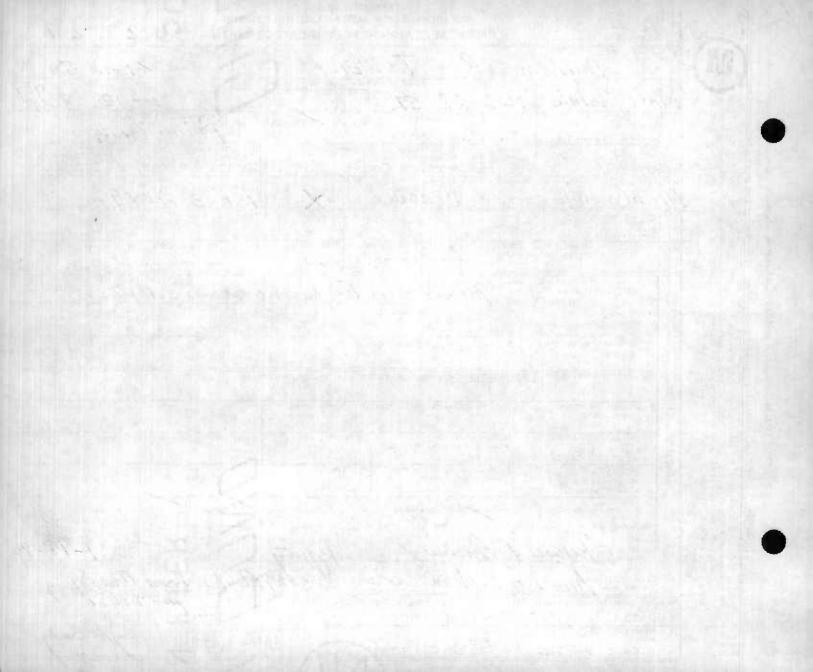
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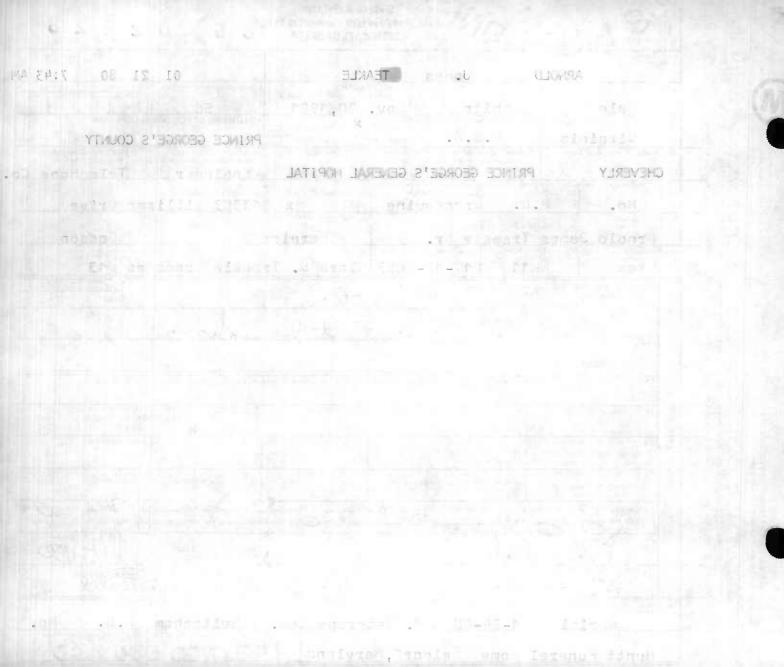
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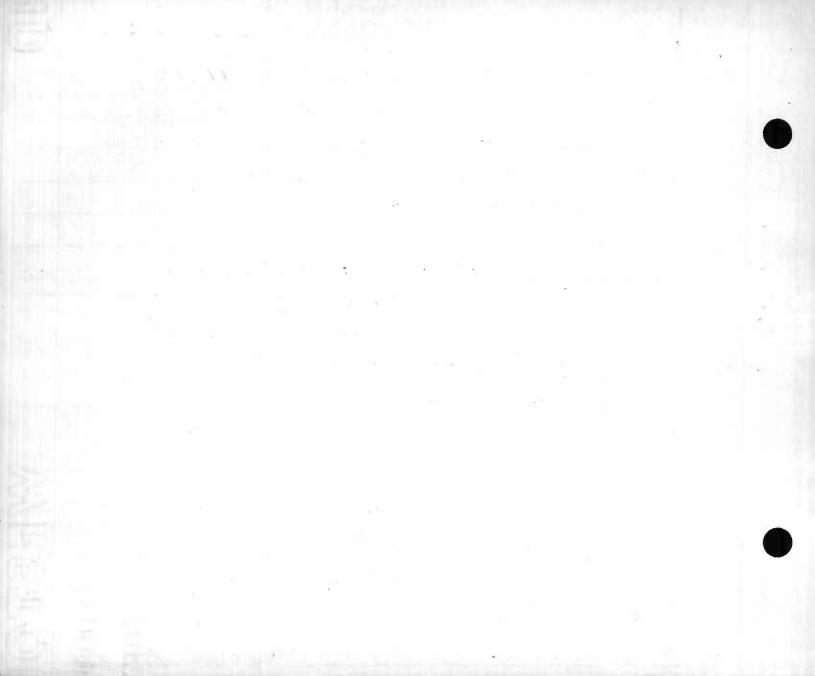
STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 20 DATE KNOWN TTYPE OR PRINTI DEATH MATED E UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE IS ATE OR **BALTIMORE CITY** NEVER MARRIED FOREIGN COUNTRY! U.S.A. North Carolina NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Truck Driver Trucking Cheverly Prince Georges County Hosp. And Catawba 15 MOTHER'S MAIDEN NAME MIDDLE LAST EIRST Deviney Ida Towery
166, SOCIAT SECURITY NO. Bruce 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Routes 3, Box 92 (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 44 3384 Jovce B. Conover, N.C. 28613 Towerv No 18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO 21g EXTERNAL CAUSE WAS 716. TIME OF INJURY 21s. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an and in my apinian Autopsy Inspection Accident Undetermined monner death resulted fram Natural causes Homicide STATE 1-21-80 Burial Conover City Ceme. Conover Catawba NC BP 24. FUNERAL DIRECTOR 254 DATE RECD. BY REGISTRAR 236 REGISTRAR'S **DHMH - 17** (VR A15 ME (5)) Pearson's F.H. Falls Church, VA 15M 7/76

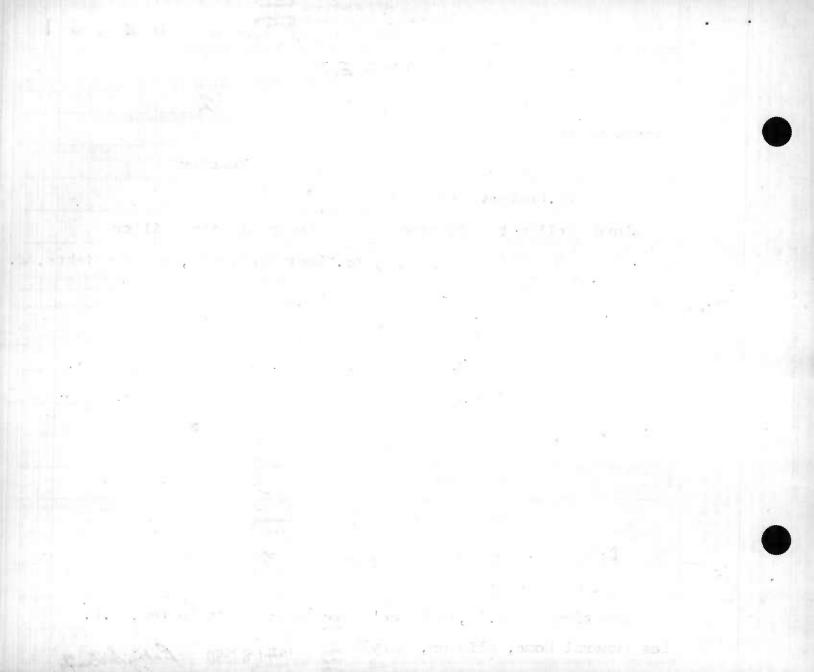




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3ALT	sicio ipers val.			18 CAUSE OF DEAT	H (Enter onl	y one cause per	line far (a), (b	ol, and (c)			_		BETWEEN	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signed hen pli ta burn jury, a		z	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR	CONDITION GIVE	EN IN PART 10	2)
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24 FUNERAL DIRECTOR

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DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 2h. HOUR LITYPE OR PRINTS WILLIAM VITA 01-23-80 10:15 4 RACE 5 DATE OF BIRTH # UNDER 1 YEAR 3 SEX AGE IN YEARS LAST BIRTHDAY IF UNDER 24 HRS Male MONTH CAYS HOURS White 16,1902 Sept. YRS. 7a. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED COUNTRY PRINCE GEORGE'S Wash.D.C. USA WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERI Y PRINCE GEORGE'S GENERAL HOSPITAL Retired Accountant USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 131 COUNTY 13c CITY OR TOWN 13a STREET ADDRESS 134 INSIDE CITY LIMITS? D.C. 816 North Carolina Ave. Wash.D.C. YES TH NO I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Francisco Massino Vita Rosa 7509 Newberry Lane Lanham, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Vita, Jr. (Son) None 578 II. CAUSE OF DEATH (Enter only one cause per line for to VIB PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [ental Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION DING CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death occurred an the date and have and from the causes stated saw the deceased alive an. abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22: DATE SIGNED TO FUNERAL E should be detach with the State D Procus MEDICAL STAFF ATTENDING MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME LENGTH PRINTIL 22e ADDRESS Dr. Tomas Hernandez Cheverly, Md. Prince George Hospital 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFBurial Ft. Lincoln Cemetery Brentwood Malaie 1/26/80

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S STOCK URE

01-25-80 MILLEM U VITA PRINCE GEORGE'S CHLYERLY PRINCE GEORGE'S GENERAL HOSPITAL C. Cardier and C. Diffuse mysconfield aliene @ Chling ally Dover

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CE	RT	IFICATE	OF	DEATH	

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	REGISTRAR		CERTIF	ICATE OF D	EATH	Ö U RE	G. NO.	4 -	1 3))	
	I. DECEASED NAME FIRST	MIDDLE	l.	AST	77511	20 DATE OF DEA	тн момтн	DAY	YEAR	2b. HOUR	
	JOHN	Wilson	WA	RD		J	ANUARY 2	4 8	30	912	P
	3 SEX MALE	4 RACE WHITE	S DATE C		1919	AGE (IN YEARS LA		MONTHS	DAYS	IF UNDER 24	MIN.
	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER M	-	BALTIMORE C		Y OF DE	ATH		
	NORTH CAROLINA	USA	WIDOWE		ORCED 🔀	PRINCE (GEORGES				MI
	ANDREWS AFB	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIM MALCOLM GRO	OW USAF M	EDCEN	TUTION	120 USUAL OCCI (TYPE OF WORK FOR A AF RET		FE) IND	KIND OF USTRY 111t	BUSINES	SOR
7	13e STATE 13b C	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 136, CITY OF BRAND	R TOWN YWINE	134 INSIDE CIT	IY LIMITS?	6 BOUND					
	14 FATHER'S NAME FIRST	MIDOLE LAS	51	15 MOTHER'S	MAIDEN NAM	AE MID	DLE		LAST		
D		EDWARD WAR		ALICE		ANN		GIB	BS	100	
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE YES)	S, GIVE WAR OR DATES)	14 7191	17 INFORMAN MARY		(SIS) 96!	DDRESS VICTOR	DR	DUN	EDIN	F
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	sow the deceased aliv	eth A. Co	19 80 , or	DEGREE	TENDING A	. to 24 leath occurred on MEDICAL DIRECTOR P	STAFF HYSICIAN	220			
	230. BURIAL, CREMATION, REMO	DVAL 23b. DATE	23c NAME OF C	EMETERY OR C		23d LOCATION	Noine.	COUNTY	Car	רח דיו	n e

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Burial 1-27-80 Glen Alpine Cer

24 FUNERAL DIRECTOR ADDRESS
The Huntt Funeral Home Waldorf, Maryland

Court S up to B to the second of the Tion II visit. Market Comment of the whole 19 Jan 50 Empreted Colescent L. S. T. T. T. MARIE WHE WE US SOME PARTY Marine H. Clark Marine Marine Commencer of the Commencer Premeth H. Clark, W. USHE MALCEN Eurical 1-27-60 with Caire Gen. with winding Carried line burch a nerel characters, they alone

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USDAIR RESIDENCE IP INJURISH COUNTY Tandover Ta	1			Princ	such facility, give:	street address) e's Gen			FOR MOST OF WORKING LIFE!	(TYPE OF WORK		
MG. PG Tandover YES X NO 7645 Allendale Dr. IN FATHER'S NAME JIMMIE D. Washington IS MOTHER'S MADLEN NAME MODE ROLL SECURITY NO. IS MOTHER'S MADLEN NAME NODE ROLL SECURITY NO. IS MOTHER'S NAME NODE ROLL SECURITY NO. IS MOTHER'S NAME NODE ROLL SECURITY NO. IS MOTHER'S NAME NOT THE SECURITY NO. IN SURGED IN SURGED NAME NOT THE SECURITY NO. IS MOTHER'S NAME NOT THE SECURITY NO. IN SURGED IN SURGED NAME NOT THE SECURITY NO. IN SURGED NAME NOT THE SECURITY NAME NOT THE SECURITY NO. IN SURGED NAME NOT THE SECURITY NAME NAME NOT THE SECURITY NAME NAME NOT THE SECURITY NAME NAME NAME NAME NAME NAME NAME NAME				OME OR OTHER INSTIT	UTION, GIVE RESIDENC	E BEFORE ADMISSIO)N)	1134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
18 FATHER'S NAME	L								7645 Allen	dale D	r.	
Second Conditions, if any, which give course per line for (a), (b), and (c).	14	. FAT	FIRST					15. MOTHER'S MAI	DEN NAME MIDDLE		LAST	**
State Stat	L							Roll	ine			
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Seizure Disorder	16	8. WA	AS DECEASED EVER IN U.S.									
IMMEDIATE CAUSE (a) Seizure Disorder		_					91	Rolline	Washington	Same a		-
MMEDIATE CAUSE (o) DELETION DUE TO, OR AS A CONSEQUENCE OF			8 CAUSE OF DEATH (Enter PART I DEATH WAS CA	er only ane couse			ndos		1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a) stating the under- lying couse last. PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING 1D DEATH BUT NOT WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY?	1			DIATE CAUSE (o)			1000				
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the funeral director, page 3 within 72 hours after death executed within 24 hours af completely filled in by 1 and 2 should be filed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL CON ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR			DEPARTA		ICATE OF D		BIENE	Q REG. N	0	2	إبك	3	5
1		CEASED NAME	FIRST		MIDDLE	i	AST		2a DATE C	OF DEATH	MONTH	DAY	YEAR	26 HO	UR
			DNEY		W	ASHIN	GTON				01	30	80	9:	20 AM
	3 SE	MALE		RACE BL	K	S. DATE C	H DAY	YEAR 1919	6 AGE (IN	YEARS LAST BI	RTHDAY)	MONT	HS DAYS		MIN
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4		ITY OR TOWN OF DEATH		PRINCE	HOSPITAL, NURSIN HEACHITY, GIVE STREET GEORGE !	ADDRESS) S GEN				LOCCUPAT	ION	1	26. KIND (INDUSTRY		
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7	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUT	OPSY?	206. IF	YES, WI	ERE FINDI G CAUSE:	INGS US S OF DEA	ATH?
1		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	ISE OF DEATH		FINJURY M. MONTH DA	YEAR	21c HOW INJ	URY OCCURE	RED (ENTERN	ATURE OF INJ	URY IN ITEM	16, PART I	OR PART 2)		
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		220 I certify that (I) (the saw the deceased above, (I) (we) (did 22b. SIGNATURE		view the body	- 19 8 after death.	O or		aur) Dpinian	MEDICAL		date and l		22c. DATE	,	0
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	23e. E	BURIAL, CREMATION, RE		236. DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d. LOC	ATION OR TOWN	4= 5	cou	NTY		STATE

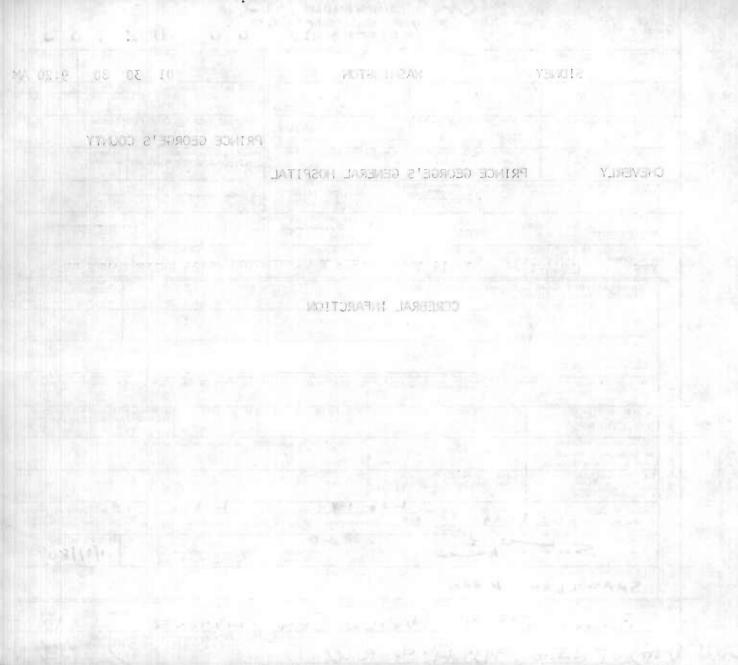
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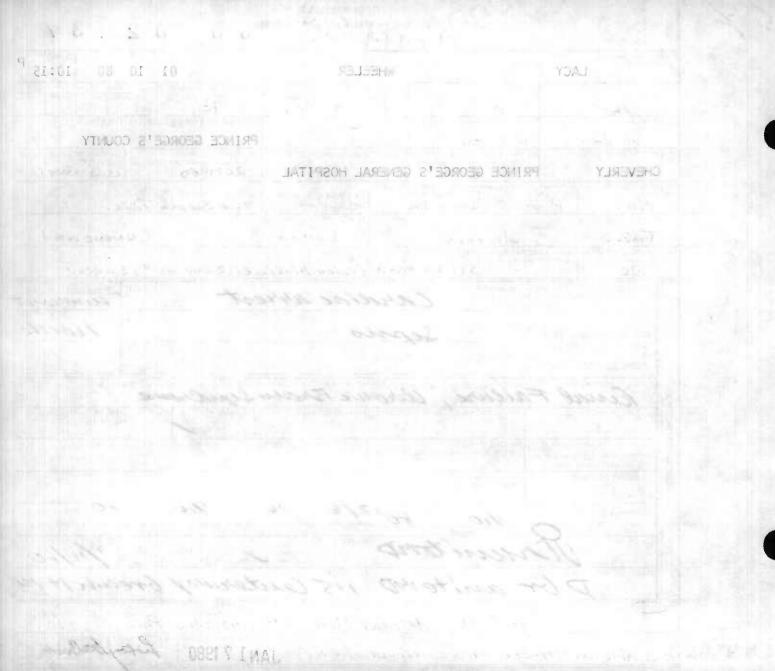
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		FOR	DEPA	STATE OF MAKYLAND RTMENT OF HEALTH AND MENTA	HYGIENE A O O A 7
	Ľ	- STATE REGISTRAR		CERTIFICATE OF DEATH	5 U REG. NO.
		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH DAY YEAR 26. HC
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T Ser W	USU 13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13c. CITY OR TO LANDEY	OWN 134 INSIDE CITY LIMI	
xam	14 E	ATHER'S NAME	. G. LANDEU	YES NO [
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E /		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		ADDRESS
the	(YES, NO OR UNKNOWN] (IF YES,	GIVE WAR OR DATES)		HEELER - SAME AS # 13 ABOVE
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	34 5		BIRTHPLACE (STATE OR OPEIGN COUNTRY)	76. CITIZEN OF WE	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARK	RIED L	RECITY OR COUN	TY OF DEATH	MD.
>	PAGE SE FILED		Clinton	Souther	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) N Mary Lar	or oth	erinstitution	FOR MOST OF WORKIN Retired	G LIFE)	OR INDUST	JSINESS
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FOR da	18 & 22a	G541 3/27/80 DEPART		MARYLAND H AND MENTAL H	YGIENE			
- STATE REGISTR				CERTIFICATE OF	FREATH	REDNO. 2	44 (0
1. DECEASED (TYPE OR PRINT		MIDDLEL		LAST	26. DATE KN OF E	STI-		26 HOUR
-	Tammy			N ite INDER 1 YR. IF UNDER 2	DEATH M	ATED 1	27 19 80 DAY YEAR	M HOUR
Femal.	4 RACE White	Nov. 25, 1979	LAST BIRTHDAY) MOI	THIS DAYS HOURS	MIN. PRONOUNCE DEAD		27 19 80	9:58 A M
7a BIRTHPLAC	E (STATE OR	76. CITIZEN OF WHAT COUN	YRS. 4	RIED NEVER MARRIE		RE CITY OR COU		21 M
Mary Mary		USA	WIDO	WED DIVORCE	□ □ Prince	George'		
Lau	ce1	II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Greater Laure	TREET ADDRESSI		FOR MOST OF WORKING none		OR INDUST	TRY
USUAL RESIDI	NCE (IF IN NURSING HOME 13b. COUP	OR OTHER INSTITUTION, GIVE RESIDENCE NTY PG 13c. CITY	OR TOWN	13d, INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 610 Main	Street		•
14 FATHER'S JOS		ony White	LAST	IS. MOTHER'S MAIDEN	en MIDDI	Koly	LAST	
(YES, NO, OR	EASED EVER IN U.S. AF	RMED FORCES? 16b. SOC E WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT		ADDRESS same as	a bosso	
no		nly ane cause per line far (a), (b		Joseph A	. white	Same as	I APPROXIMAT	
go ca <u>lyi</u>	nditians, if any, which we rise to immediate use (a) stating the under any cause last.	e / (b)	NSEQUENCE OF	ASS OR CONDITION GIVEN IN PAR	I I (n)			
					11 (0).			TO BE
5 190. DA	TE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	
U	TERNAL CAUSE WAS LYING OR IBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCURRED) EENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR	YES LX	NO []
21d. IN.	URY OCCURRED NOT WHILE AT WORK	218. PLACE OF INJURY STREET, FACTORY, FARM, E	(AT HOME, 21f. I	OCATION STREET	CITY OR TOWN	C	COUNTY	STATE
death ACTUA SIGNA	resulted fram: Nat L TURE Mrgin	rge af the remains described about a causes Accident	, Suicide	Homicide , TITLE (SPECIFY) M.D. Assistant	Undetermined mann	DAT NER SIGN	E 1/28/	'80
(TYPE C		ginia L. Dolan,		_ADDRESS		Penn St	reet	
	remation, removal urial	Jan. 29,1980	Union Cem	etery		sville, M		STATE
24. FUNERAL NAME	Donaldson I	Funeral Ao Home, I	aurel, Md	25a. DATER	ECH. BY REGISTRAR	ISB. REGISTRAR'S	SIGNATURE	ody

7, 757, 75 Joy. 25, 1879 or free Both and onen Espendin S. T. Sin Street Iom E. 10 antiony vocation 103320 Joseph A. . Ditte dege as a Boye haciyes, allycoothu purial Dam. 25, 1930 Union Cemetery =

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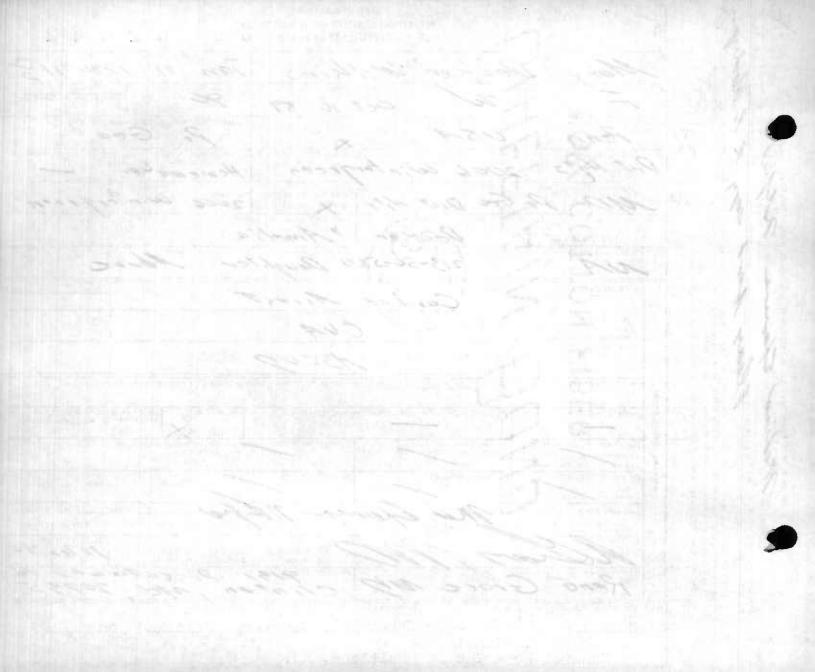
STATE OF MARYLAND

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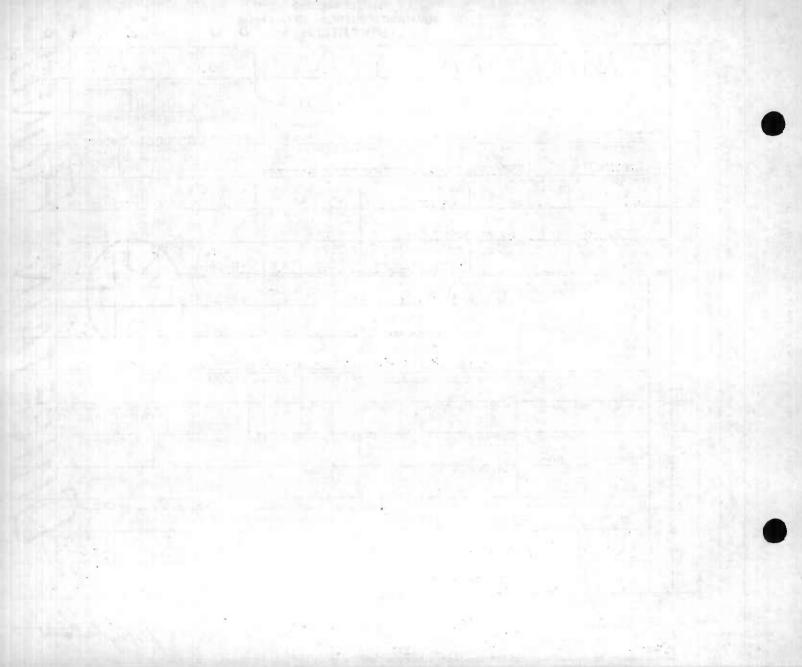
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Later . John Funeral Hope Cops Hill, Md.

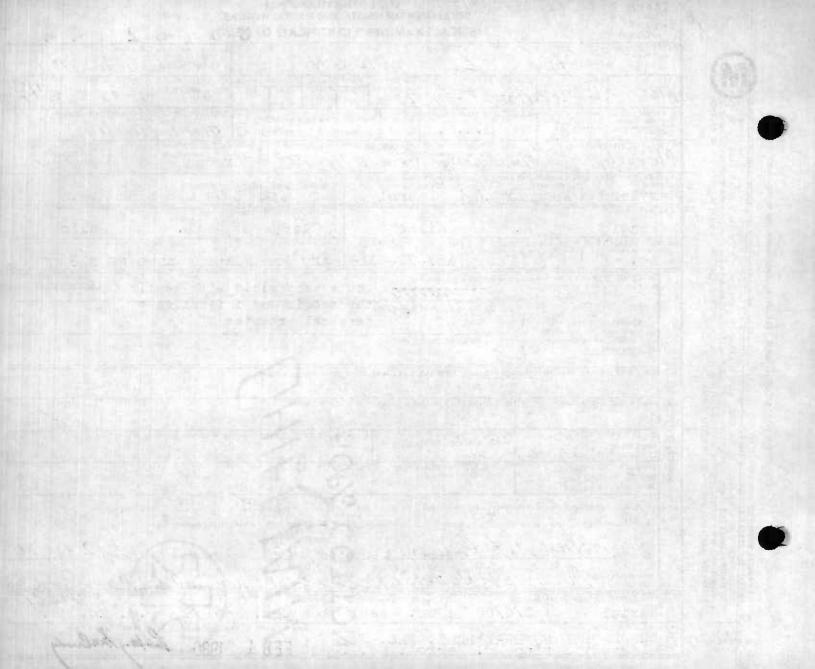
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 25. HOUR . DECEASED NAME 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR To. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED M. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 10 CILY OR TOWN OF DEATH INDUSTRY mema MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS 14 FATHER'S NAME LAST William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT BALTIMORE. I IF YES, GIVE WAR OR DATES APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONIH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 50 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE LARM, ETC.) AT WORK 22a.1 certify that (1) (this haspital) attended ath occurred on the date and hour and from the causes stated sow the deceased alive on. _ and that in (my) (aut 22c DATE SIGNED 72% SIGNATUR DEGREE + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: ld b 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY 14Jan 1980 Cedar Hill Cemetery Md. Burial Suitland 74 FUNERAL DEFORETT E. Wilhelm ADDRESS D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4)) Funeral Home Inc Suitland, Md



Inc.



8 44 081116 ton	I	tems 18 & FOR dad STATE	22a G	541 3/			ARYLAND AND MEN	ITAL HYGIE	NE			
043 71110 70		STATE REGISTRAR		MED				TE OF DE	_	REG NO.	2 4 4	4
0		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE K	400	MONTH DAY	YEAR 26 HOUR
(M)	1 663	4 RA	C/910		· U	1/20			DEATH	MATED		80 M
12006	K	ble W	hile 8	OT- 28		AYI MONTH		UNDER 24 HR	PRONOUN	/		80 75 M
NECESS FUNERA 5 FOR W. PRESS	P	RTHPLACE (STATE OR REIGH COUNTRY)	ania	U.S	.A.	WIDOW		DIVORCED [Bris	ne Tre	COUNTY OF DE	MD.
L SEEGHT IS	(1)	revolly	, 47	Me (He	TAL, NURSING HOME LITY, GIVE STREET ADDRESS)	ver	forpital	120. U	or most of work oreman	ATION (TYPE OF ING LIFE)	WORK 12b. KIND OR II DOC	of Business Noustry or Co.
AND AND SECOND	13a. S	residence (if in ni ryland	Pinne A		residence before admissing 13c. CITY OR TOWN Laurel		13d. INSIDE CITY L	LIMITS? 13e. S	TREET ADDRES	id Li	ne Ave	
MD. 2 ATH. 1 S 1, 2, 2 PM 3 UD 2 S	14. FA	THER'S NAME	MIDD		LAST		FIRST	MAIDEN NA	MIE	DDLE	LAS	л
RA PANI OF	160 V	David VAS DECEASED EVER	E.		Wilson	/ N/O	Gla 17. INFORMAN	-	Т	ADDRESS	Gall	.0
., BALTIMORE, MD. 2) DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, WITH FORM PW 3. TI. PAGES 1 MD 2 ST. TI. PAGES 1	(Y	NO •	(IF YES, GIVE WAR OR	DATES	163-32-4	-		Ann W	ilson	same	-	
15 X X X X X X X X X X X X X X X X X X X		18 CAUSE OF DEA PART I DEATH V	TH (Enter only one VAS CAUSED BY: IMMEDIATE CAU		(o), (b), ond (c).)	Acut	te meni			septio		OXIMATE INTERVAL N ONSET AND DEATH
	Ŋ	3227 Conditions, if	ony which	DUE TO, OR A	S A CONSEQUENCE		ombosis	s and :	marc	CION O		
S, 301 W. PRESTC ECUTED WITHIN 5" IN PENCIL IN I BURIAL TRANSIT F NND MENTAL HYG NN, OR REMOVAL.		gove rise ta couse (a) stotin	immediate	(b) DUE TO, OR A	S A CONSEQUENCE (SUI AI C	ar cer re				
301 V CUTED IN PE EXA JRIAL D ME	5	lying couse lost		(c)							Eta Ha	
TAL RECORDS, 30 HOULD BE EXECUT RD "PENDING" IN CHIEF MEDICAL EP OUSED AS A BURIN OF HEALTH AND A AL, CREMATION, O)	NO	PART 2 DTHER SIGNIFICAL	NT CONDITIONS CONTRIB		T NOT RELATED TO THE TERM	NAL DISEASE	DR CONDITION GIV	VEN IN PART 1 (a).				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORME	D?			122	TOPSY?
BIVISION OF VITAL S. CERTIFICATE SHOU RITING THE WORD ' RABED TO THE CHIE E. 3 SHOULD BE USIN E. DEPARTMENT OF I PRIOR TO BURIAL, OF		210. EXTERNAL CALL UNDERLYING CONTRIBUTING	OR		NJURY MONTH DAY YEAR	21c. HO	W INJURY OC	CCURRED (ENTE	ER NATURE OF INJU	RY IN ITEM 18 PART		
DIVISIC BIVISIC CERTI E. WRITING E. WRITING F. PAGE 3 SH STATE DEPA	MEDICAL	21d. INJURY OCCUR WHILE AT WORK AT V	PED		INJURY (ATHOME,	21f. LOC ST	CATION	. Black	CITY OR TOW	И	COUNTY	STATE
XAMINER: ERTIFICATE ID BE FORE IRECTOR: WITH THE S		22a. I certify that death resulted from	I took charge of th		ibed obove, held on Accident , Sui	Autops cide .	Homicide	CIFY)	Inquiry (nner ,	my opinion	-1-87
MEDIC ECUTE T GE 4 SI FUNER TTER DEA		EXAMINER'S NAME (TYPE OR PRINT)	Julius		PodRIGUS	Z_A	DDRESS 50	109 Par	pusni	Court,	Cary S	Juss hed
BF	(5	Burial Burial		14/80	Geo. Wa		gton	Cem A	LOCATION TYORTOWN Adelph		G. CO.	
DHMH · 17 (VR A15 ME (5)) 15M7/77	FI 76	INERAL DIRECTOR ECK LAUF 01 Sandy	REL FUNE	ERATOR SHO	OME, INC. Laurel, M	d. 2	25a. 20810	FFB 4	BY REGISTRAR	25b. RECUSTR	RAR'S SIGNATUR	ody

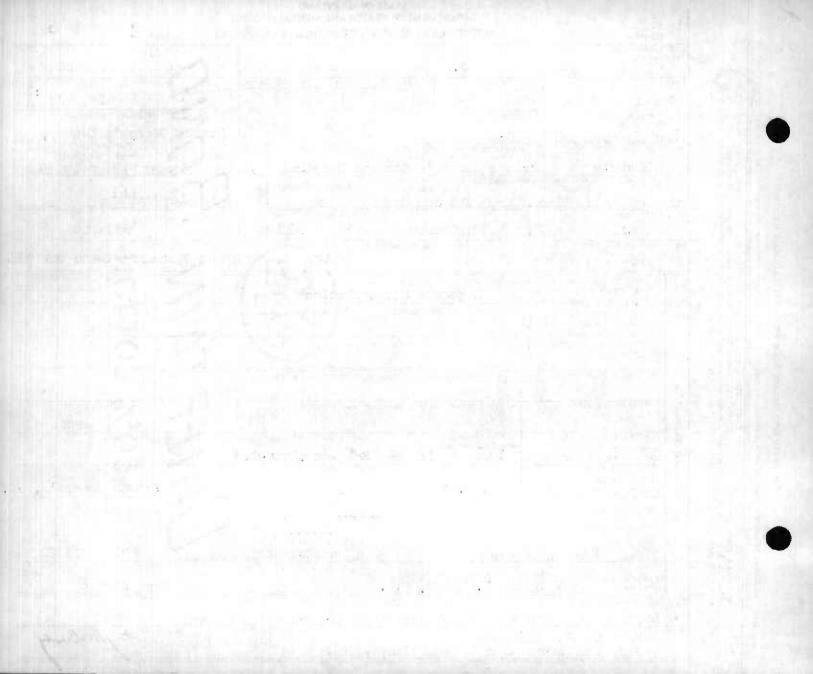


9	3 SEX	CEASED NAME Edwa	rd 4 RACE Whi	Wit	ol 5 DATE O		20 DATE OF DEATH January 6 AGE IN YEARS LAST BIR	THOAY) IF UN	CERTYEAR IF UNDER 24 HR
o sun			MILL	Le	De	c. 1°, 1921°	58	YRS.	
10 John	CC	RIHPLACE (STATE OR FOREIGN DUNTR New York	USA	F WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY C	George	DEATH
O OF FED		Bowie	12103	"Fern" Lan	18 DRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C TECHNICAL	ON IN INC. TO SERVING LIFE) IN ENGINE	2b. KIND OF BUSINESS ON DUSTRY Litton
State be	USUA 13a. S	TATE Md 13b CC	E OR OTHER INSTITUTION	I3(. GIVE RESIDENCE BEFOR	RE ADMISSION) VN	13d INSIDE CITY LIMITS?	13. S12103 REFe	rn Lane	Industr
Somine)4 FA	THER'S NAME FIRST Edward	Wito1	LAST		15 MOTHER'S MAIDEN NA FIRST Rosa	ME lie Kegtoui	ts	LAST
medico			ARMED FORCES? SIVE WAR OR DATES) W 2	093 14		17 INFORMANT	ADDR		
the n		18 CAUSE OF DEATH Enter				Elizabeth W	rtor same a	sabove	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	ISEÓ BY: IATE CAUSE (a)	Carci	noma o	of prostate wi	ith widespr	ead	16 months
otic e		185-		DR AS A CONSEQU	y and	bone marrow r	netastses		
E .		Conditions, if any, which	(, ,)	Was follo	owed b	v Dr. Peter P	highkag One	totaclor	
						7 2 4 4 6 6 6 6 4	usimas, one	OTORT2 4	,
amer fra		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	and seen OR AS A CONSEOU	by hi	y Dr. Peter P m through Dec	31, 1979	corograt	•
ajury, or ather tra	NO	couse (a), stating the	(c)_	OR AS A CONSEOU	ENČE OF				
	CATION	couse (a), stating the underlying cause last	(c) IT CONDITIONS <u>C</u>	OR AS A CONSEOU	death but			DITION GIVEN IN	N PART 1(a)
2	TIFICATION	couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	(c) IT CONDITIONS <u>C</u>	OR AS A CONSEOU	death but	NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN IN	N PART 1(a)
29	CERTIFICATION	couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c)	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NOTE:	20b. IF YES, WE IN CERTIFYING YES	N PART Train RE FINDINGS USED G CAUSES OF DEATH? NO
25		couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	19b CONI	OR AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NOTE:	20b. IF YES, WE IN CERTIFYING YES	N PART Train RE FINDINGS USED G CAUSES OF DEATH? NO
29		COUSE (cd., stating the underlying cause last PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	196 CONG	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY	DEATH BUT H OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY? YES NOTE NATURE OF INJU	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH? NO
29	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	196 CONG	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D	DEATH BUT H OPERATIO AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NOTE:	20b. IF YES, WE IN CERTIFYING YES	N PART Train RE FINDINGS USED G CAUSES OF DEATH? NO
ed or Item 18 shows ony injury, or		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) OPERATION	196 CONE 196 CONE 196 CONE 196 CONE 216 TIME HOUR A HOUR A 16ER) 21e PLACE (AT HOME, S)	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURY 21f. LOCATION STREET	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR JON.	20b. IF YES, WE IN CERTIFYING YES ARY IN ITEM 18, PART I CO	RE FINDINGS USED S CAUSES OF DEATH? NO DR PART 2) OUNTY STATE
121 is marked or Hem 18 shows ony injury, or ather tra		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) OPERATION	196 CONE 196 CONE 196 CONE 196 CONE 216 TIME HOUR A HOUR A 16ER) 21e PLACE (AT HOME, S)	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR JON.	20b. IF YES, WE IN CERTIFYING YES ARY IN ITEM 18, PART I CO	RE FINDINGS USED S CAUSES OF DEATH? NO DR PART 2) OUNTY STATE
129 and who was the second of		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE ETHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	196 CONE 196 CONE 196 CONE 216 TIME HOUR A HOUR A 1216 PLACE (AT HOME, S)	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 2 19 06 and that in (my) 220 apinion and DEGREE	200 AUTOPSY? YES NOTE CITY OR JON to Jan o death accurred an the death	20b. IF YES, WE IN CERTIFYING YES RY IN ITEM 18, PART I C. WN O 10_ ote and hour and	RE FINDINGS USED S CAUSES OF DEATH? NO DR PART 2) OUNTY STATE 80 , that (I) (MSC) I from the couses stated
ed or trem 18 shows ony injury, or		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 220. S certify that (I) (Management) 320. S certify that (I) (Management) 321. SIGNATURE 422. SIGNATURE	196 CONSTITUTE STATE OF THE STA	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE, I	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 2 19 66 Ind that in (my) 3630 apinion. DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTER NATURE OF INJU CITY OR JON.	20b. IF YES, WE IN CERTIFYING YES RY IN ITEM 18, PART I C. WN O 10_ ote and hour and	RE FINDINGS USED G CAUSES OF DEATH? NO DR PART 2) OUNTY STATE 80 , that (I) OFFICE
ANT: IT ITEM 21 IS INDIXED OF ITEM 10 STOWN ON INJULY, OF		PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220. E certify that (I) Sow the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYP	196 CONSTITUTE ON THE PLACE (AT HOME, STEED ON THE PLACE (AT HOME) STEED STE	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE. The deceased from y after death	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 66 ad that in (my) 200 opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJU CITY OR TOX death accurred an the di MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES RY IN ITEM 1B, PART I C. WN O 19 ote and hour and	RE FINDINGS USED CAUSES OF DEATH? NO DEPART 2) OUNTY STATE 80 , that (i) OCCUPANT (i) OCCUPANT (ii) OCCUPANT (iii) OCCUPANT (iii) OCCUPANT (iii) OCCUPANT (iiii) OCCUPANT (iiiii) OCCUPANT (iiiii) OCCUPANT (iiiii) OCCUPANT (iiiiii) OCCUPANT (iiiiiii) OCCUPANT (iiiiiiiiii) OCCUPANT (iiiiiiiiiii) OCCUPANT (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
29	MEDICAL	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 220. E certify that (I) Sow the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYP	196 CONSTITUTE STATE AND STATE OF PRINTS SMA, M.D.	OR AS A CONSEOU CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE. The deceased from y after death	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 2 19 66 Ind that in (my) 3630 apinion. DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJU CITY OR TOX death accurred an the di MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WE IN CERTIFYING YES RY IN ITEM 1B, PART I C. WN O 19 ote and hour and	RE FINDINGS USED CAUSES OF DEATH? NO DEPART 2) OUNTY STATE 80 , that (i) OCCUPANT (i) OCCUPANT (ii) OCCUPANT (iii) OCCUPANT (iii) OCCUPANT (iii) OCCUPANT (iiii) OCCUPANT (iiiii) OCCUPANT (iiiii) OCCUPANT (iiiii) OCCUPANT (iiiiii) OCCUPANT (iiiiiii) OCCUPANT (iiiiiiiiii) OCCUPANT (iiiiiiiiiii) OCCUPANT (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

January 30, 1900 loji. 1001 , I , DOL a com Eppir 270 V 2103 100 100 technical ericeer ittel Landste, oliko LZLO3 Furn Lane Logity bys. osalio e touits UVS la sela elizabeth alto) same as above Incliencem, Md reimu reb. 1, 1930 Md. Veterans Lea

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STATE OF MARYLAND



1					STATE	OF MARYLAND					
	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	REG. N	0 2	e. 4	1	
		OR BRAINS	Raymond	E lmer	U	Wise	26. DATE OF DEATH	01 17		26 HOUR 6:15am	
	3. SE	Male	4 RACE Bla	ck	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	UNDER 1 YEAR IF UNDER 24 HRS			
35	Jer B	RTHPLACE (STATE OR FOREIG OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY	- 10			
notified o	10. C	Laurel	11. NAME OF Greater	HOSPITAL, NURSING CHEACILITY, GIVE STREET BO	IG HOME O	ROTHER INSTITUTION .11e Hospital	Prince Geo 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O POrter	OF WORKING LIFE)	12b. KIND OF INDUSTRY	F BUSINESS O	
must be	USU 13a				ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6610 Ceda	ır Lane			
exomine 3C	14. F/	ATHER'S NAME FIRST Fran	k Wise	LAST		15 MOTHER'S MAIDEN NA FIRST E11	a Gibson Hobble		LAST		
2	60 \ (VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	214-12-7		Hazel Wise (Wife) same				
vent, the		18 CAUSE OF DEATH (E PART I. DEATH WAS (nter only one couse RECAUSED BY:	La me	MAR	y Tasui	freucy		BETWEEN	MATE INTERVAL DINSET AND DEATH	
er froumofic	CERTIFICATION	Conditions, if ony, wh gove rise to immedicouse (o), stoting	nich (b)	OR AS A CONSEQUE	alic	! Colon !	Aucen.		84	sully	
ony injury, or other		ATION	1.4	CANT CONDITIONS C			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	IGS USED
shows >		21g. ACCIDENT WAS UNDERLY	ING 21b. TIME	OE IN HIRV		21c. HOW INJURY OCCUR	YES NO NO	YES		OF DEATH?	
Hem 18	MEDICAL C	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	E OF DEATH HOUR A		AY YEAR 19	211 LOCATION	KED (ENTERNATORE OF INSC	JAT IN HEM IB, FAR	TTORPART2)		
orked or	MED	WHILE DIGT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	MA	COUNTY	STATE	
m 21 is m			112.1	74/ 100		a that in (my) (our) opinion	death occurred on the c	dote and hour o	and from the c		
T. = ==================================		Moma	11/6	ening	a l	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	180	
IMPORTANT: IF		INGUING /	9. BEK	TUKER, M	no	331 Untre	esidy Blue	IBS	7/519	140	
		BURIAL, CREMATION, REW SPECIFY) Burial	1-22-	80 Ho	pkins	Cemetery Cemetery	23d AOCATION CITY OR TOWN Highlar	id, Howa	ounty Mo	20993	
77		eorge R. Sno	wden Rock	N. Washin wille, Mo	gton 1. 208	Street 250. DAT	TE REC'D. BY REGISTRAF	Firfoy	AR'S SIGNATION OF THE PROPERTY	JRE Looly	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATH REGISTRAR DECEASED NAME O DATE KNOWN TO MONTH TTYPE OR PRINTS OF ESTI-Lawrence Eugene Wolcott 4. RACE AGE (IN YEARS IF UNDER 1 YR. LIF LINDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED -30-19 DEAD Male White (YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO FOREIGN COUNTRY U.S.A. WIDOWED [DIVORCED [Prince George's O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE FOR MOST COMPULEY Cheverly Prince George's General Hospital(DOA) Programmer U.S. Govt USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 7903 Indian Head Highway 136. COUNTY 13a. STATE Md. 13d. INSIDE CITY LIMITS? Oxon Hill YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Ella Clarence Downing Wolcott 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 4560 Colbert Ave. Norman Wolcott Oil City, Pa. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO Y 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion death resulted fram: Notural couses Homicide Suicide Undetermined monner TITLE (SPECIFY) 1-28-80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA Deputy MEDICAL EXAMINER Augusto P. 5009 Rayburn Ct., Camp Springs, Md. 20031 Radriguez, M.D. EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 2-1-80 Grove Hill Cemetery TY Oil City Venanga Pa 1255 PATERICO BY REGISTRAY SEGNATURE 24. FUNERAL DIRECTOR **DHMH-17** F. Gasch's Sons, P.A. Hyattsville, Me. (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

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stronger suite	
St. T. B. Manner of the Control of t	noil fazzoni atricora sontario delpor Billia
And the state of t	
COLEMAN ELECTRICA COMPANDA.	
	report 111 myses father
	of the first terms of the state

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR

REGISTRAR DECEASED NAME

hite L CITIZEN OF WHAT COUNTRY 5. DATE OF BIRTH 3729/03 6. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER I YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH**

To BIRTHPLACE ISTATE OF FOREIGN COUNTRY) Missouri

U.S.A.

MARRIED NEVER MARRIED DIVORCED T WIDOWED

Prince Georges Retired Ketired

12b. KIND OF BUSINESS OR Butision

Clinton

INTON COMUNITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI P.G. LI3c CITY OR TOWN

2729 Lewis Ave. 13d INSIDE CITY LIMITS? YES K

Md. 4 FATHER'S NAME

No

130. STATE

FOR

- STATE

MIDDLE

LAST Myer

Mary

15 MOTHER'S MAIDEN NAME MIDDLE

Bosler

160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN)

(IF YES, GIVE WAR OR DATES) None

18 CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and

166 SOCIAL SECURITY NO

17 INFORMANT Clinton, Maryland Woods 12913 Piscataway Rd

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0

DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

underlying couse

Conditions, if ony, which gove rise to immediate couse (a), stating the

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATTENDING!

PHYSICIAN

90 DATE OF OPERATION

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

MEDICAL

20a AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

23b. DATE

obove, (1) (we) (did) (did not) view the body ofter deoth.

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

STATE

NOT WHILE WHILE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19

22b. SIGNALE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

. 19 80 ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

22c DATE SIGNED

S NAME (TYPE OR PRINT) 22d PHYSICIAN

22e ADDRESS

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL

CERTIFICATION

00

MPORTANT

23c NAME OF CEMETERY OR CREMATORY Arington National

DEGREE

Arlington Virginia

STATE

DHMH - 16 50M 7/77 (VRA 15(4))

BP.

6633 Old Alexander Ferry Rd. Clinton,

250 DATE AROLD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	/29/63	6-13		
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A ROOM	Fairmo.	· · · · · · · · · · · · · · · · · · ·	70 1 7 2 7 2	1.0-7 . 1
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			Terms Committy committed Datified on the second of the se	lite x Information Committed Lines xifted and the second lines const. co

1		FOR	DEPARTMENT O	F HEALTH	AND MENTAL HYGIE	NE	(A)	
		STATE REGISTRAR		NER'S CE	RTIFICATE OF ME	ATH REUNO	2,450	
(M)		CEASED NAME FIRST LE COMPRINT) LE COMPRINT)	MIDDLE WHAT DATE OF BIRTH MONTH DAY YEAR LAST BIR		ER 1 YR. IF UNDER 24 HRS		MONTH DAY YEAR 26 H	M
10 X X X X X X X X X X X X X X X X X X X	14	TALE While The RTHPLACE (STATE OR 76	9 - 23 - 14 65	PRONOUNCED DEAD	1-24 1080 3p			
VITHINGES	FC	ash, D.C.	USA	MARRIED WIDOWE		renges	MD.	
PELAY IS TO THE PAGE 8E FILED.	A	ecokeek	NAME OF HOSPITAL, NURSING HOLIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS RESERVE			SUAL OCCUPATION (TYPE RMOST OF WORKING LIFE) elf Employ		S
F AND 3 RETAIN SHOULD IN FECORE	M	TATE WILLIAM PLINCE		Reserve Rord				
MD ATH	14. F/	Emmett A.	Wright LAST		Floren	ce E. Davi	S	
BALTIMORE, JRS AFTER DE	16s. V (Y	VAS DECEASED EVER IN U.S. ARMEE ES NO OR UNKNOWN) (18 YES GIVE WAY	FORCES? 16b. SOCIAL SECU		Mr. Donald	Wright, C		
		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B) 4 292 IMMEDIATE (ne cause par me far (a), (b), and (c).) Y: CAUSE (CAUSE (CAUSE) (DUE TO, OR AS A CONSEQUENCE		Cardio Va	escular des	APPROXIMATE INTER BETWEEN ONSET AND I	/AL DE ATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHING THE WORD "PENDING" IN PENCIL IN ITEM 16 ROED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT F DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b)	CE OF				
ORDS, 36 BE EXECL DING" 11 EDICAL 1 SS A BUR TH AND ATTON, 0	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE C	DR CONDITION GIVEN IN PART 1 (6).			
SHOULD B SHOULD B SRD "PENIC CHIEF MI E USED A OF HEAL AAL, CREM	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WA	S PERFORMED?		20 AUTOPSY?	×
SION OF VITA		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y ATH P.M. 19	ZIC. HOV	W INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
DIVISICENTING WRITING VARDED TAGE 3 SHATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)		ATION REET	CITY OR TOWN	COUNTY	TATE
AINER: T FFCATE, SE FORW CTOR: P, CTOR: P, THE ST.		220. I certify that I taak charge a death resulted fram: Natural	f the remaine described above, held a causes . Accident .	Autapsy		Inquiry , and etermined manner ,	d in my apinian	
AL EXAM HE CERTI HOULD E HOULD E TH, WITH, WITH,		ACTUAL PROGNETO	P. Holiques	M.E	Deputy ME	EDICAL EXAMINER	DATE SIGNED 1-24-	70
TO MEDICAL RECURE THE CASE A SHOULD TO FUNERAL LA AFTER DEATH, AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME AUGUS	TO P. Rodrieua	A	DDRESS 5009 Kay	pur Court	Cary Spengs!	K&
BP S S S S S S S S S S S S S S S S S S S	23a.B	URIAL, CREMATION, REMOVAL 236. Burial Ja	DATE 736. NAME OF 10. 28, 1980 Ced 3		CREMATORY 23d. S	uitland,	lary and	
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F	UNERAL DIRECTOR EEE FUNERAL HOM	E, CPFNTON, MA	RYLANI	250. DATE REC'D.	BY REGISTRAR 256. REGI	30/2 39 Mestready	

Linconce . Children HANAGE ... TRACE . Note that the state of the st community of select hith community and selections

Item #1 per phone call w/Fun. Home STATE OF MARYLAND

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9	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE													
		STATE REGISTRAR				XAMIN						RED. N	102	5 2	
SE ES. ET.		CEASED NAME OR PRINT)	rginia	e Or	MIDDLE N/SO	m	Zo	LL 14	IM	20	OF DEATH A	NOWN (ESTI- MATED	MONIH	7 19 8Z	2b. HOUR
SARY, PLEASE AL DIRECTOR YOUR FILES. IN 72 HOURS. STON STREET,	J. SEX	male W		DATE OF BIRTH	09	6. AGE (IN YE)	MONTH		HOURS		DATE RONOUNC DEAD	ED	MONTH /-/	7 198C	71219UF
NER SEE	FO	THPLACE (STATE OR REIGH COUNTRY) irginia	7b	76. CITIZEN OF WHAT COUNTRY? USA **MARRIED WIDOWED					1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					COUNTY OF DEATH	
AY IS THE F	10. CI	y or town of DE. neverly		P. G.	PITAL, NUR CILITY, GIVE ST HOSP	ital		ER INSTITUTI	ION		LOCCUPA IST OF WORKING			OR INDUST OR INDUST Hospita	TRY
AND 3 AND 3 AND 3 RETAIN	13a. S	Md.	13b COUNTY P.G		13c CITY	OR TOWN		13d. INSIDE CITY	NO 🗌	5805	t ADDRESS		venue	9	
PW PW		THER'S NAME FIRST Frank	M	AIDDLE	ison	LAST		15. MOTHER	R'S MAIDEN		MIDI	MIDDLE Gove			LAST
WITH FORM WITH FORM PAGES 1 AD DIVISION OF	16a V	(AS DECEASED EVER S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	D FORCES?	16b. SOC	IAL SECURIT		1021 Benja	ANT Di	icker	ns Co Zollm	appres urt	S Bet	thesda	, Mo
CUTED WITHIN 24 HO IN PENCIL IN ITEM 13 EXAMINER ALONG REAL-TRANSIT PERMIT OR REMOVAL.	7	PART I DEATH V Conditions, if gave (ise to cause (a) stating lying cause last	VAS CAUSED B' IMMEDIATE C any, which immediate g the under-	CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CON	SEQUENCE O	OF.	jur	1.63					BETWEEN ONS	FT AND DEATH
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LERTIFICATE SHOWING THE WORD THE WORD THE CHED TO THE CHED SHOULD BE USEPARTMENT OF SHORT OF BURIAL		CONTRIBUTING [OR CAUSE OF DEA		MONTH /-/	DAY YEAR	Can	OW INJURY O	1			RY IN STEM I	8 PART I OR PAR	YES -	No -
ARD ARD	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	WHILE VORK		OF INJURY	(AT HOME,		CATION STREET LUC	une A	40 44	CITY OR TOWN	Pin	us (nggs, h	ELSTATE .
EXAMINER: CERTIFICATE, UID BE FORM DIRECTOR: WITH THE S ARYLAND 21		22a. I certify that death resulted from ACTUAL SIGNATURE		f the remains desc	cribed aba Accident		Autap	Hamicio	Inspection de .	Undeter	Inquiry [mined man	ner	DATE SIGNET	1-17	7-80
TO MEDICAL BEXECUTE THE CPAGE 4 SHOU TO FUNERAL I AFFER DEATH, BALTIMORE, M.	-	7,000	KURUSI	P. Red	hgi	4		ADDRESS	209	Ray	hum	Car	of Con	y Stuy	is, Ked
200	(5	JRIAL, CREMATION, I PECIFY) Buria	1 1	1-21-80	Lo	vetts	vill	le Un.	. Cer	m L	ovett	tsvi			va.
HMH-17 20M 1/73 (VR A15 ME (5))		neral director Funder H		Wilhel Rd.,	m 4 Suit	308 S land,	Md.	land 1	So. DATE R	EC'D. BY R	EGISTRAR	25b. REC	GISTRAR'S SI	GNATURE	dy .

